



16<sup>th</sup> - 31<sup>st</sup>

**TIME AND ATTENDANCE RECORD**

SkillSource  
309 E Fifth Ave  
Moses Lake, WA 98837

Participant Name \_\_\_\_\_ CMS# \_\_\_\_\_ Contract # \_\_\_\_\_  
Participant Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Worksite \_\_\_\_\_ Supervisor \_\_\_\_\_

Pay Period: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Only record actual hours worked by participant. Timesheet must be completed in **ink** and signed by both Supervisor and Participant to issue paycheck. Do not use white-out. To make corrections, draw a single line through the incorrect information and write the correct information next to it. Initial all changes.

| Date  | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Hours |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|
| Hours |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |             |

| Satisfactory Progress             | YES   | NO    |
|-----------------------------------|-------|-------|
| Appearance                        | _____ | _____ |
| Punctuality/Attendance            | _____ | _____ |
| Shows willingness to work         | _____ | _____ |
| Is cooperative at workplace       | _____ | _____ |
| Completes tasks on a timely basis | _____ | _____ |
| Listens and communicates well     | _____ | _____ |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Participant Signature Date

***For agency use only***

CI \_\_\_\_\_ Pre ETS \_\_\_\_\_  
CO \_\_\_\_\_ WEX \_\_\_\_\_  
LI \_\_\_\_\_ Intern. \_\_\_\_\_  
LO \_\_\_\_\_ Other \_\_\_\_\_

Training Consultant \_\_\_\_\_  
Wage \$ \_\_\_\_\_