1st- 15th

TIME AND ATTENDANCE RECORD

WorkSource
126 S. Main
PO Box 3759
Omak, WA 98841

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		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

LI _____ Pre ETS _____
LO _____ Other _____

Training Consultant _____
Wage $_____

TimeAttendOK1_15
Rev 01/2022 LL/kjr