



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

CI _____ Pre ETS _____
CO _____ WEX _____
LI _____ Intern. _____
LO _____ Other _____

Training Consultant _____
Wage \$ _____