



Weekly Participation Timesheet for Center Activities

Customer Name: _____

Site: Workforce Solutions Center

Address: _____

Phone: 325-_____ **Fax #325-**_____

Week of: _____ **Timesheet due date:** _____

Customers participating in a mandatory work program must have this timesheet signed weekly and return it to their Career Coach. Any hours reported in center activities will not be counted without this timesheet.

Date of Activity	In	Out for Lunch	In from Lunch	Out	Number of Hours Completed	Activity Completed	Signature of Staff/Supervisor
Sample:							
08/25/09	08:00			09:00	1 hour	Job Club	Joe Smith
08/25/09	09:10	12:00	01:00	02:40	4 hrs, 30 min	Job Search	Pat Jones
Total Weekly Hours:							

I certify that this timesheet is an accurate representation of my activities conducted within the Workforce Center. I understand I may be penalized for fraudulent information made to obtain services to which I am **not** entitled.

Customer Signature: _____

Date: _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. Relay: 1-800-735-2989 (TTY) / 711 (Voice).

This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at <http://www.workforcesystem.org/107/Public-Information>.