WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF FAMILY SUPPORT PARTICIPANT TIME SHEET

Participant's Name: _____ Name of Supervisor: _____
Social Security No.: _____ Month/Year: _____
Work/Training Site: _____ WP Activity Code: _____ Contract No.:_____

Date Mo./ Day	Worked/Training Hours/Minutes		Reason for Absence
TOTAL			

PARTICIPATION PROGRESS REPORT

A. TO BE COMPLETED BY THE PARTICIPANT'S SUPERVISOR:

Attendance:	☐ Good	☐Satisfactory	☐Needs Improvement
Work/Study Habits:	☐ Good	☐Satisfactory	☐Needs Improvement
Dependability:	☐ Good	☐Satisfactory	☐Needs Improvement
Attitude:	☐ Good	☐Satisfactory	☐Needs Improvement

Supervisor's Comments:

B. TO BE COMPLETED BY THE PARTICIPANT:
I agree _____ disagree _____ With the evaluation of my performance.

Participant's Comments:

CERTIFICATION: I certify that the information on this form is correct to the best of my knowledge, and the statements are made in good faith. I know that federal funds are involved and penalties are prescribed by law for willful misrepresentation of facts in order to obtain payments or services.

PARTICIPANT'S SIGNATURE _____

WORK/TRNG. SITE SUPV.'S SIG. _____

DHHR Staff Use Only:

This time sheet is due in to the local DHHR office by the 5th working day of the following month.

OFS-TS-12 (New 06/02 - Replaces WT-12 and WT-J-12)