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

Participant's Name: Social Security No.: Work/Training Site:	Name of Supervisor:
Date Morked/Training Hours/Minutes Reason for Absence   Mo./ Day Hours/Minutes   Image: State Sta	PARTICIPATION PROGRESS REPORT   A. TO BE COMPLETED BY THE PARTICIPANT'S SUPERVISOR:   Attendance: Good   Satisfactory Needs Improvement   Work/Study Habits: Good   Dependability: Good   Attitude: Good   Supervisor's Comments:   B. TO BE COMPLETED BY THE PARTICIPANT:   I agree disagree   With the evaluation of my performance.
Image: selection of the	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.
TOTAL	DHHR Staff Use Only:   Image: Display the staff use of the staff use of the staff use of the following month.