Month/Year:

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES Division of Family Assistance

Participant Time Sheet

Participants Name:			Site Supervisor's Name:
PIN No.:			Site Supervisor's Phone No.:
Work/Training Site:			WP Activity Code: Contract No.:
tront rialing			
Month/Day	Work/Training Hours/Minutes	Reason for Absence	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:     Satisfactory     Needs Improvement
			TO BE COMPLETED BY THE PARTICIPANT
			□ I agree □ I disagree with the evaluation of my performance.
			Participant's Comments:
			<b>Certification:</b> 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:
			Site Supervisor's Signature:
			DHHR STAFF USE ONLY
			Actual Attendance Hours: (Paid Hours for Employment)
			+ Excused Absence Hours: Absences Used YTD
			+ Federal Holiday Hours:
			= Total Monthly Hours: = Weekly Average Hours
			Transportation Payment : #Days X \$ Per Day = \$
			Additional Notes:
TOTAL			

This time sheet must be submitted to the local DHHR office by the 5<sup>th</sup> working day of the following month.