WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Division of Family Assistance
Participant Time Sheet

| Participant's Name: PIN No.: | | | | Site Supervisor's Name: | |
|------------------------------|--------------------------------|---------------|--------------------|---|--|
| | | | | Site Supervisor's Phone No.: | |
| Work/Training Site: | | | | WP Activity Code: Contract No.: | |
| | | | | <u> </u> | |
| Month/Day | Work/Training Hours/Minutes | Miles/ Day | Reason for Absence | TO BE COMPLETED BY THE PARTICIPANT'S SUPERVISOR | |
| | | | | Work/Study Habits: | |
| | | | | Supervisor's Comments: | |
| | | | | TO BE COMPLETED BY THE PARTICIPANT | |
| | | | | ☐ I agree ☐ I 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: | |
| | | | | Site Supervisor's Signature: | |
| | | | | | |
| | | | | DHHR STAFF USE ONLY | |
| | | | | I. Actual Attendance Hours: | |
| | | | | + Homework Hours Excused Absence Hours: | |
| | | | | Federal Holiday Hours: | |
| | | | | = Total Monthly Hours: | |
| | | | | | |
| | | | | II. Excused Absence Hours for the past 12 months | |
| | | | | III. Transportation Payment : # Days X \$ Per Day = \$ | |
| | | | | IV. Additional Notes: | |
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This time sheet must be submitted to the local DHHR office by the 5th day of the next month.

Month/Year: