

Participant Time Sheet

Participant's Name: _____

PIN No.: _____

Work/Training Site: _____

Site Supervisor's Name: _____
 Site Supervisor's Phone No.: _____
 WP Activity Code: _____ Contract No.: _____

Supervisor's Comments:

Participant's Comments:

Participant's Signature: _____

Site Supervisor's Signature: _____

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: