

# NCOA TIME SHEET PID #

Completed Time Sheet must either be dropped off at office,  
faxed or emailed to the following:

Participant's Name: \_\_\_\_\_



Phone # (570) \_\_\_\_\_

Job Monitor: \_\_\_\_\_

Fax # 570.970.9250

Email: [Carol.Plevick@LuzerneCounty.org](mailto:Carol.Plevick@LuzerneCounty.org)

& [Denise.Stalica@LuzerneCounty.org](mailto:Denise.Stalica@LuzerneCounty.org)

Example	1 Sun	2 Mon	3 Tue	4 Wed	5 Thu	6 Fri	7 Sat	8 Sun	9 Mon	10 Tue	11 Wed	12 Thu	13 Fri	Payroll Period # _____	
1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	 <b>EACH DAY'S HOURS GO HERE</b> 		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Payroll Period # _____	
2 <input type="checkbox"/>		2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>			2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Start: ___/___/___
3 <input type="checkbox"/>		3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>			3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	End: ___/___/___
4 <input checked="" type="checkbox"/>		4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>			4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Participant Training Hours
5 <input type="checkbox"/>		5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>			5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	Total _____
6 <input type="checkbox"/>		6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>			6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	
7 <input type="checkbox"/>		7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>			7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	
8 <input type="checkbox"/>		8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>			8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	
.5 <input checked="" type="checkbox"/>		.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>			.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>			
4.5															

I hereby certify that this report is correct for this pay period.

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_/\_\_\_/\_\_\_

Remarks: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Reason for over hours: \_\_\_\_\_

## For Site Supervisor use ONLY

Training Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

(570) \_\_\_\_\_

Required: Supervisor must enter the total # of your In-Kind hours. This is time spent training or instructing the participant. (Ex. 1.5 hrs. or 3.0 hrs.)

Supervisor's Signature: \_\_\_\_\_

Date signed: \_\_\_/\_\_\_/\_\_\_

Total In-Kind Hours

Approved by: Denise Stalica, Program Director:

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_