

TITLE V TIME SHEET PID # _____

Participant's Name: _____

Phone # (570) _____ - _____

Job Monitor: _____

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

Fax # 570.970.9250

Email: Carol.Plevick@LuzerneCounty.org
& 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
1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	YOUR DAILY HOURS GO HERE		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <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"/>	2 <input type="checkbox"/>
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.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"/>	.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: _____

TOTAL _____

Participant Training Hours

Payroll Period # ____

Start: __/__/____

End: __/__/____

Approved by: Denise Stalica, Program Director:

_____ Date ____/____/____

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 ONLY
