

# WEX Participant Timesheet

Employee's Name:		Company Name:	
SS# (last 4):		Site Location:	
Application #:		Site Supervisor:	
Program Name:		Site Phone #:	
Program Phone #:		Pay Period:	M D Y Through M D Y
Staff:			
WEX Start / End Date:	Start: M D Y End: M D Y		

	DATE	Time-In	Time-Out	Time-In	Time-Out	Total Time	Changes Initial/Date
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
							: Week 1 Total
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
							: Week 2 Total
<ol style="list-style-type: none"> <li>Minimum hours worked per week must not exceed approved hours. No overtime is approved.</li> <li>A meal break is required if working more than six hours in a single shift. The meal break must be taken no later than 6 hours into the shift and should be as close to the middle of the work shift as possible.</li> <li>Time Sheets are to be completed in black or blue ink only. No pencil is allowed.</li> <li>Time Sheet changes must be neatly crossed out be initialed and dated by the participant making the changes. All corrections made should be written beside original entry. NO WHITE OUT.</li> <li>Daily work hours must be verified by authorized by Employer Site person and Service Provider.</li> </ol>							Two Week Pay Period Total

Rating Scale: "N" = Needs Improvement, "M" = Meets Standards, "E" = Exceeds Standards				
TOPIC	SKILL SET	N	M	E
Dependability	Punctuality, Attendance, Completes tasks			
Work Attitude	Team player, Courteous, Accepts constructive criticism			
Work Performance	Completes task on time, cares about quality of work performed, takes pride in work			
Communication Skills	Communicates well with coworkers and manager, uses appropriate workplace language, demonstrates understanding of information			
Self-Management	Problem-solver, shows initiative, organized, adaptable			

Participant Signature (I certify my time to be true and accurate.)	Employer Supervisor Signature (Reviewed and approved as submitted)	Service Provider Signature (Reviewed and approved as submitted)
Date	Date	Date