

Community Service / Work Experience Two-Week Time Sheet

Complete and return to DCF no later than 5 days after the end of the two-week period.

Pay Period Start Date: _____ Pay Period End Date: _____
 Participant Name: _____ Client ID # _____
 DCF Career Navigator: _____ Career Navigator Phone # _____
 Work Site: _____ Number of Hours to be Worked Per Week: _____
 Site Address: _____

 Site Supervisor: _____ Site Supervisor Phone # _____

ENTER NUMBER OF ACTUAL HOURS WORKED EACH DAY

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date								
Hours								
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date								
Hours								
Total Pay Period Hours								

Timesheets should only reflect actual hours worked.

PROGRESS REVIEW

Supervisor: Complete at end of pay period and review with participant.

	Above Average	Average	Below Average	Unacceptable
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Duties/Skills Performed	
Comments/Recommendations	

I certify these hours are true and correct.

Participant Signature: _____ Date: _____
 Site Supervisor Signature: _____ Date: _____