



Time Sheet

Participant Name: _____ Date: _____

Employer/Work Site Name: _____

Employer/Work Site Address: _____
Street Address City State Zip Code

Employer/Contact Person Name (please print): _____

Employer/Contact Person Phone Number: _____

Please enter the **total number of hours** the participant worked/participated in each day of the week below:

Day	Date	Total hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
TOTAL HOURS WORKED THIS WEEK		

Note: Providing false information for the purpose of inappropriately obtaining benefits may result in civil, criminal, or administrative penalties.

I certify that the information provided above is true and correct.

Participant Signature **Date**

Supervisor Signature **Date**

For Workforce Staff Use Only

TWIST ID _____

Activity reported: (Workforce staff needs to check the appropriate box that matches TWIST Activity):

- | | |
|---|--|
| <input type="checkbox"/> Unsubsidized Employment (Except Self Employment) | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Subsidized Employment | <input type="checkbox"/> Community Service |
| | <input type="checkbox"/> Workfare |

Staff Name (Printed): _____

Date Received: _____

Direct Telephone # (956) _____

Fax Number: _____

Staff Signature: _____