

Western Arkansas Planning and Development District
1109 South 16th Street Fort Smith, A R 72901
(479) 785-2651 Fax: (479) 785-1964

Participant Name: _____ Training Site: _____
 Career Advisor: _____ Training Site Phone Number: _____

Pay Period From: _____ Pay Period To: _____

COMPLETE IN INK – NO WHITE OUT

Date	Time In	Lunch Time Out	Lunch Time In	Time Out	Total Hours

Total Hours Worked: _____

Draw single line through incorrect information and initial changes made. Write correct information beside initials. Review hours for accuracy. Timesheets must be completed with required legible signature. Late timesheets will be paid the next pay period.

E=Excellent G=Good F=Fair U=Unsatisfactory

	E	G	F	U		E	G	F	U
Work quality					Attitude toward coworkers				
Conduct					Attitude toward work				
Initiative					Follows directions				
Completes tasks					Late this pay period () Yes () No				
Appropriate dress					Absent this pd () Yes () No () Excused				
Hygiene					Left work early () Yes () No				

I certify that this information is true and correct. I understand that any time reported that was not actually worked will result in termination from the program and be subject to repayment to WAPDD.

Employee Signature: _____ DATE: _____
 Work Site Supervisor Signature: _____ DATE: _____
 WAPDD Staff Signature: _____ DATE: _____

For Office Use Only

Funding Stream	Total Hours Worked	Check Number