



Western Arkansas Planning & Development District | 1109 S. 16<sup>th</sup> Street | Fort Smith, AR 72901 | Office Hours M-F 8-4:30 | P: (479) 785-2651 | F: (479) 785-1964

**Work Experience Participant Timesheet**

Participant Name: \_\_\_\_\_ Training Site: \_\_\_\_\_  
 Career Advisor: \_\_\_\_\_ Training Site Phone Number: \_\_\_\_\_  
 Pay Period From: \_\_\_\_\_ Pay Period To: \_\_\_\_\_

**Please complete in ink. White out will not be accepted.**

Date	Time In	Lunch Time Out	Lunch Time In	Time Out	Total Hours Worked Per Day
<b>Total Hours Worked for Pay Period:</b>					

**Review hours for accuracy. For corrections, please draw a single line through the incorrect information and initial changes made. Write correct information next to initials. Timesheets must be completed with required, legible signatures. LATE TIMESHEETS WILL BE PAID THE NEXT PAY PERIOD.**

**Bi-Weekly Employee Review**

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

	E	G	F	U		E	G	F	U
Work Quality					Attitude Towards Coworkers				
Conduct					Attitude Towards Work				
Initiative					Follows Directions				
Completes Tasks					Late this Pay Period	Yes ___ No ___			
Appropriate Dress					Absent this Pay Period	Yes ___ No ___			
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 WAPDD Office Use Only:

Funding Stream:	Total Hours Worked:	Paid On:
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