

## **Subsidized Employment Timesheet**

Program:				
Employee Name:			Social Security Number	
Last Worksite Agency Name:		First	(last 4 digits):  Worksite Location:	
, and the second second			<del></del>	
Site Supervisor's	Name:			
EMI Specialist's Name:		Employee ID #:		
		Pay	y Period	
From:			To:	_
Time Sheet Pick-	Up Date:		Check Delivery Date:	
Pay Rate:			Scheduled Hours:	
				_
Day	Date	Hours	Site Supervisor Comments (please continue on	
·			the back if necessary	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
-	Total Hours for Week 1			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
	Total Hours for Week 2	1		
Total Hours fo	or Complete Pay Period			
ours worked are true a		his/her knowledge	nally filled out and signed by the employee. Employee certifies the e and that this is an after the fact determination of the actual	
bsidized Worker's Signature		Date	Site Supervisor's Signature Date	

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Form Date: 10/21/2024