



## PARTICIPANT TIME SHEET

Participant Name:			Work Activity Codes
Phone Number:			<p><b>Core:</b></p> <ul style="list-style-type: none"> <li>• <b>UE</b> = Unsubsidized Employment</li> <li>• <b>SE</b> = Subsidized Employment</li> <li>• <b>JS/JR</b> = Job Search/Job Readiness</li> <li>• <b>WE</b> = Work Experience</li> <li>• <b>VE</b> = Vocational Education</li> <li>• <b>CS</b> = Community Service</li> <li>• <b>OJT</b> = On the Job Training</li> <li>• <b>CSCC</b> = Child Care for an individual participating in CS</li> </ul> <p><b>Non-Core:</b></p> <ul style="list-style-type: none"> <li>• <b>JSDRE</b> = Job Skills Training Directly Related to Employment</li> <li>• <b>EDRE</b> = Education Directly Related to Employment</li> <li>• <b>Sat2ndGED</b> = Satisfactory attendance at 2<sup>nd</sup> school or GED Course (Under age 20)</li> </ul> <p><b>Excused Absence:</b></p> <ul style="list-style-type: none"> <li>• Excused Holiday</li> <li>• Excused Sick</li> </ul>
Business Name:			
<b>Date</b>	<b>Hours</b>	<b>Work Activity Code</b>	
<b>Total</b>			

By signing, I am stating the previous information is honest and factual. I agree and understand that falsifying information may result in sanction of the program and loss of benefits. My signature below acts as an authorization for "Release of Information" for auditing and verification purposes.

Signature of Customer:		Date:
Signature of Supervisor:		Date:
Phone Number:		Source:
<input type="checkbox"/> Phone/ In Person Verification	<input type="checkbox"/> Document Inspection Completed	
Signature of Employment Specialist:		Date:
<input type="checkbox"/> Hours verified	Hours Entered:	CODE Entered:
DOS Initials:		Date:
<b>Review Auditing Purposes</b>	<input type="checkbox"/> Hours verified 2nd Verifier Initials:	Date: