

**WIA YOUTH INDIVIDUAL DAILY TIME SHEET**

PARTICIPANT'S NAME \_\_\_\_\_

**ACTIVITY:**

Paid Work Experience \_\_\_\_\_

SS# \_\_\_\_\_

Paid Stipend Activity \_\_\_\_\_

Unpaid Activity \_\_\_\_\_

WORKSITE \_\_\_\_\_ MONTH OF \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ CAREERLINK COORDINATOR \_\_\_\_\_

DAY	DATE	IN TIME	LUNCH OUT	LUNCH IN	OUT TIME	TOTAL HOURS	ENROLLEE INITIALS
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
TOTAL NUMBER OF HOURS							

DAY	DATE	IN TIME	LUNCH OUT	LUNCH IN	OUT TIME	TOTAL HOURS	ENROLLEE INITIALS
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
TOTAL NUMBER OF HOURS							

TOTAL NUMBER OF HOURS THIS PERIOD: \_\_\_\_\_

THIS IS CORRECT: \_\_\_\_\_

ENROLLEE'S SIGNATURE

I CERTIFY THAT THE ABOVE TIME GIVEN IS TRUE AND ACCURATE:

SUPERVISOR'S SIGNATURE

ALL TIMESHEETS MUST BE SIGNED AND TURNED IN PROMPTLY TO INSURE THE TIMELY INSURANCE OF VOUCHERS AND SPECIAL ALLOWANCES.