



CareerSource
CITRUS | LEVY | MARION

- ☐ EMPLOYMENT
☐ WORK EXPERIENCE
☐ COMMUNITY SERVICE

WEEKLY/ MONTHLY TIMESHEET

Employee/Trainee Name: _____ SSN: * * * - * * - _____

Employer/Worksite Name: _____ Career Specialist: _____

Job Title: _____ Phone Number: _____

IMPORTANT INSTRUCTIONS FOR SUPERVISOR's & EMPLOYERS

THIS TIMESHEET MUST BE FAXED BY THE “SUBMIT HRS BY COB ON” DEADLINE TO: (352)-369-2568.

Instructions: Please leave no blanks below. Enter all dates – hours worked daily and total number of hours worked weekly. Enter “0” for scheduled days off / Enter “E” for excused absences / Enter “U” for unexcused absences.

Community Service Employers ONLY: Maximum Monthly Hours: _____ (this participant cannot work more than this maximum figure each month and cannot work more than 40 hours during any work week).

Period Beginning: ____/____/____ Period Ending: ____/____/____ Final Time Sheet Due On: ____/____/____

| WEEK 1 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|----------------------|
| Date | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | | |
| Total Hours Worked (Minus Breaks and Meals) | | | | | | | | Weekly Total | Submit Hrs By COB on |
| | | | | | | | | | ____/____/____ |

Print Name: _____ Supervisor Signature: _____ Date: ____/____/____

| WEEK 2 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|----------------------|
| Date | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | | |
| Total Hours Worked (Minus Breaks and Meals) | | | | | | | | Weekly Total | Submit Hrs By COB on |
| | | | | | | | | | ____/____/____ |

Print Name: _____ Supervisor Signature: _____ Date: ____/____/____

| WEEK 3 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|----------------------|
| Date | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | | |
| Total Hours Worked (Minus Breaks and Meals) | | | | | | | | Weekly Total | Submit Hrs By COB on |
| | | | | | | | | | ____/____/____ |

Print Name: _____ Supervisor Signature: _____ Date: ____/____/____

| WEEK 4 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|----------------------|
| Date | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | | |
| Total Hours Worked (Minus Breaks and Meals) | | | | | | | | Weekly Total | Submit Hrs By COB on |
| | | | | | | | | | ____/____/____ |

Print Name: _____ Supervisor Signature: _____ Date: ____/____/____

Please rate this employee's/trainee's performance on these elements for the work period completed above

| | Excellent | Good | Fair | Poor | Not Applicable |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance & Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Print Name: _____ Supervisor Signature: _____ Date: ____/____/____