## FLORIDA GOVERNOR'S COUNCIL ON INDIAN AFFAIRS, INC.

EMPLOYMENT AND TRAINING PROGRAM 625 N Adams St., Tallahassee, FL 32301

FORM#1240: BI-WEEKLY TIME SHEET						
NAME:	Please check all that apply:					
ADDRESS:	□ ABE / GED TIMESHEET					
	☐ CHILDCARE TIMESHEET					
PHONE:	□ OTHER					
ONLY USE BLUE O	R BLACK INK. DO NOT USE WHITE OUT CROSS OUT AND INITIAL ERRORS					

WEEK #1			WEEK #2				
DATE	CLASS OR WORK TIME (IN & OUT)	OFFICE USE	TEACHER OR SUPERVISOR INITIALS	DATE	CLASS OR WORK TIME (IN & OUT)	OFFICE TERM	TEACHER OR SUPERVISOR INITIALS
MONDAY				MONDAY			
TUESDAY				TUESDAY			
WEDNESDAY				WEDNESDAY			
THURSDAY				THURSDAY			
FRIDAY				FRIDAY			
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All time sheets should be turned in according to the pay period schedule. Time sheets received more than 14 days following the end of the term or the pay period will not be processed or paid. Time sheets filled out incorrectly will be returned to the participant unpaid until all necessary corrections are made. For traditional classroom time, get your teacher's initials. For online classes, fill-in work times and get your supervisor's initials. Childcare Assistance is provided for participants with children 12 years of age or younger. A childcare allowance is not provided when a responsible adult is living in the household who is not employed, or who is not a full time student. Participants will receive childcare assistance only while you are enrolled for at least 12 credit hours or you provide documentation from your employer that you are working 15 (fifteen) hours or more per week during the course term. Time spent in on-line courses will not be included in calculating Child Care Allowance, unless the participant is enrolled in school full-time AND working a minimum of 15 hours.

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Participant's Si	Participant's Signature Date		Signed	* P	ay Period Endin	g Date		
* THIS SECTION IS FOR OFFICIAL USE ONLY *								
HOURS WEEK #	<i>‡</i> 1:		PAR	TICIPANT ID:				
HOURS WEEK #	<b>‡2</b> :		ABE/G	ED AMOUNT:		#5280		
TOTAL HOUR	S:		CHILDCA	RE AMOUNT:		#5310		