

## FORM#1240: BI-WEEKLY TIME SHEET

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**Please check all that apply:**  
 **ABE / GED TIMESHEET**  
 **CHILDCARE TIMESHEET**  
 **OTHER** \_\_\_\_\_

**ONLY USE BLUE OR 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 |
| <i>MONDAY</i>    |                               |            |                                | <i>MONDAY</i>    |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
| <i>TUESDAY</i>   |                               |            |                                | <i>TUESDAY</i>   |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
| <i>WEDNESDAY</i> |                               |            |                                | <i>WEDNESDAY</i> |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
| <i>THURSDAY</i>  |                               |            |                                | <i>THURSDAY</i>  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
| <i>FRIDAY</i>    |                               |            |                                | <i>FRIDAY</i>    |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |
|                  |                               |            |                                |                  |                               |             |                                |

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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Participant's Signature                      Date Signed                      \* Pay Period Ending Date

**\* THIS SECTION IS FOR OFFICIAL USE ONLY \***

|                       |  |                          |              |
|-----------------------|--|--------------------------|--------------|
| <b>HOURS WEEK #1:</b> |  | <b>PARTICIPANT ID:</b>   |              |
| <b>HOURS WEEK #2:</b> |  | <b>ABE/GED AMOUNT:</b>   | <b>#5280</b> |
| <b>TOTAL HOURS:</b>   |  | <b>CHILDCARE AMOUNT:</b> | <b>#5310</b> |