

Associates for Training & Development - SCSEP Participant Timesheet

Please FAX Timesheet to: 800-901-1531 or Scan & email to finance@a4td.org

Due the last Friday of the 2 week Payroll cycle by 4pm.

Participant Name:	Host Agency Name:
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	A	=	(B	+	C)	
DATE	TOTAL HOURS		HOST AGENCY TRAINING HOURS		OFF-SITE TRAINING HOURS	EXPLANATION of OFF-SITE Training Hour Activities (Column C)
Monday ____/____/____						
Tuesday ____/____/____						
Wednesday ____/____/____						
Thursday ____/____/____						
Friday ____/____/____						
Saturday ____/____/____						There is no participation on Saturdays without prior A4TD staff approval.
Monday ____/____/____						
Tuesday ____/____/____						
Wednesday ____/____/____						
Thursday ____/____/____						
Friday ____/____/____						
Saturday ____/____/____						There is no participation on Saturdays without prior A4TD staff approval.
Total Hours						The undersigned hereby certifies that the hours reported above are correct for the period indicated and DO NOT include lunch time.
						Participant Signature _____
						Date _____

IN KIND Donations by HOST AGENCY (Site Supervisor Completes)	
Please enter the value of in-kind wages (multiply the Supervisor's wage rate times the # of hours spent training / supervising the participant):	\$ _____
I certify that this is a true and accurate reporting of time worked and reported for the SCSEP Program. I also certify that in-kind contributions are from NON-FEDERAL sources and these contributions have not been claimed on any other federal program.	
_____ Host Agency Signature Date	