

**Pace Training Program  
Office of Vocational Rehabilitation  
Weekly Timesheet OVR18D**

\_\_\_\_\_  
Trainee Name

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Trainee Mailing Address

Vocational Counselor \_\_\_\_\_

For pay period (week) \_\_\_\_\_ to \_\_\_\_\_

Date Worked	Time In	Time Out	Daily Total Hours/Minutes (.00, .25, .50, .75)		Trainee Signature
	<b>Weekly</b>	<b>Total</b>			

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

-----  
(For Vocational Rehabilitation Office Use Only)

\_\_\_\_\_  
Amount Owed for Week

\_\_\_\_\_  
Total Training Hours

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date