



Youth Empowerment Project Time Sheet

1867 N. Research Drive, BG, OH 43402
PH: 419-354-9010 Fax: 419-354-1146

Name: _____

Work Location: _____

Employee ID # _____ Last 4 SSN: _____

Job Title: Youth Worker

YEP Supervisor Signature: _____

Approval Date: _____

Participant Signature _____

Date _____

	Date	Time IN	Time OUT	Lunch	Time IN	Time OUT	Total Hours
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

Sub Total:

Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

Sub Total:

Completed by Workplace Supervisor				
Employee Evaluation				
1	2	3	4	Attendance & Punctuality
1	2	3	4	Grooming & Hygiene
1	2	3	4	Safety & Care of Equipment
1	2	3	4	Follows Instructions
1	2	3	4	Productivity & Initiative
Workplace Supervisor Signature				
Date: _____				
Payroll Date:				

For Payroll Use Only:		Job #
Total Hours	Pay Rate	Gross Pay
	\$10	