



# 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               |      |         |          |       |         |          |             |
| <b>Sub Total:</b> |      |         |          |       |         |          |             |
| Sun               |      |         |          |       |         |          |             |
| Mon               |      |         |          |       |         |          |             |
| Tues              |      |         |          |       |         |          |             |
| Wed               |      |         |          |       |         |          |             |
| Thur              |      |         |          |       |         |          |             |
| Fri               |      |         |          |       |         |          |             |
| Sat               |      |         |          |       |         |          |             |
| <b>Sub Total:</b> |      |         |          |       |         |          |             |

|  |   |   |   |                            |
|--|---|---|---|----------------------------|
| <b>Completed by Workplace Supervisor</b> |   |   |   |                            |
| <b>Employee Evaluation</b>               |   |   |   |                            |
| 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  |
| <b>Workplace Supervisor Signature</b>    |   |   |   |                            |
| <b>Date:</b> _____                       |   |   |   |                            |

|                              |                 |                  |
|------------------------------|-----------------|------------------|
| <b>For Payroll Use Only:</b> |                 | <b>Job #</b>     |
| <b>Total Hours</b>           | <b>Pay Rate</b> | <b>Gross Pay</b> |
|                              | \$10            |                  |

**Sub Total:** \_\_\_\_\_