**Attachment 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee's Name:** |  | **Company Name:** |  |
| **SS# (last 4):** |  | **Site Location:** |  |
| Application #: |  |
| **Program Name:** |  | **Site Supervisor:** |  |
| **Program Phone #:** |  | **Site Phone #:** |  |
| **Staff:** |  | **Pay Period:** | **M D Y Through M D Y**  |
| **WEX Start / End Date:** | **Start: M D Y End: M D Y**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DATE** | **Time-In** | **Time-Out** | **Time-In** | **Time-Out** | **Total Time** | **Changes Initial/Date** |
| **Monday** |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |
|  |  |  | **: Week 1 Total** |
| **Monday** |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |
| 1. **Minimum hours worked per week must not exceed approved hours. No overtime is approved.**
2. **A meal break is required if working more than six hours in a single shift. The meal break must be taken no later than 6 hours into the shift and should be as close to the middle of the work shift as possible.**
3. **Time Sheets are to be completed in black or blue ink only. No pencil is allowed.**
4. **Time Sheet changes must be neatly crossed out be initialed and dated by the participant making the changes. All corrections made should be written beside original entry. No white out.**
5. **Daily work hours must be verified by authorized by Employer Site person and Service Provider.**
 |  | : Week 2 Total |
|  | **Two Week****Pay Period****Total** |

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| --- |
| **Rating Scale: "N" = Needs Improvement, "M" = Meets Standards, "E" = Exceeds Standards** |
| **TOPIC** | **SKILL SET** | **N** | **M** | **E** |
| **Dependability** | **Punctuality, Attendance, Completes tasks**  |  |  |  |
| **Work Attitude** | **Team player, Courteous, Accepts constructive criticism** |  |  |  |
| **Work Performance** | **Completes task on time, cares about quality of work performed, takes pride in work** |  |  |  |
| **Communication Skills** | **Communicates well with coworkers and manager, uses appropriate workplace language, demonstrates understanding of information** |  |  |  |
| **Self-Management** | **Problem-solver, shows initiative, organized, adaptable** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant Signature **(I certify my time to be true and accurate.)** | Employer Supervisor Signature**(Reviewed and approved as submitted)**  | Service Provider Signature **(Reviewed and approved as submitted)** |
|  |  |  |
| **Date** | **Date** | **Date** |