

WIA Youth Timesheet

Please remember no white out or crossouts allowed

FAX TO: 907-586-5673 or 907-463-3811 , by 21st of each month, Pay Day = final day of month

Your Name: _____

Months of: _____

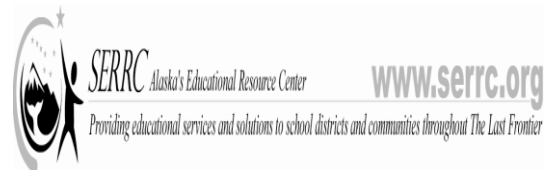
Daily Hours Worked (Minus Lunch Break)

	Time In	Time Out	Time In	Time Out	Total Hrs
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Total Work Hours					

Worksite Supervisor:					
Please circle the following					
	<i>low</i>			<i>high</i>	
ATTENDANCE	1	2	3	4	5
<i>Meets schedule as required</i>					
PUNCTUALITY	1	2	3	4	5
<i>Is ontime</i>					
ATTITUDE	1	2	3	4	5
<i>Is motivated, accepts direction and criticism</i>					
INTERPERSONAL					
SKILLS	1	2	3	4	5
<i>Works well with others</i>					
INITIATIVE	1	2	3	4	5
<i>Attempts to improve and acquire new skills</i>					

Employee Signature

Approved by (Worksite Supervisor)



Office Use Only

Program: _____ Account Code _____ \$
 Program: _____ Account Code _____ \$