

MaturityWorks

»» A WorkPlace Opportunity.

PARTICIPANT TIMESHEET

FAX # 203-573-8951

DUE EVERY FRIDAY BY 4:00 PM

Participant Name: _____

Name of Host Agency: _____

Training Assignment Title: _____

Training Period Beginning Date: _____

End Date _____

DATE	TOTAL HOURS	COMMUNITY SERVICE HOURS	TRAINING HOURS	EXPLANATION
Monday ___/___/___				
Tuesday ___/___/___				
Wednesday ___/___/___				
Thursday ___/___/___				
Friday ___/___/___				
Saturday ___/___/___				
Total Hours				

The undersigned hereby certifies that the hours reported above are correct for the period indicated.

Participant Signature _____

Date _____

IN KIND HOURS by Host Agency

(Supervision/training & other donated values such: telephone, computer, accounting cost, supplies, etc)

Site Supervisor Completes

Supervision/ Training (hrs. x wages) IN KIND Value \$ _____

Other services/goods provided at no cost IN KIND Value \$ _____

Occupancy IN KIND Value \$ _____

Other: _____ IN KIND Value \$ _____

TOTAL IN KIND \$ _____

I certify that this is a true and accurate reporting of time worked and reported for the MaturityWORKS Program. I also certify that in-kind contributions are from non-federal sources and these contributions have not been claimed on any other federal program.

Host Agency Signature _____

Date _____

Please mail your ORIGINAL TIME SHEETS to:

MaturityWorks, 249 Thomaston Ave., Waterbury, CT 06702