

**AICA / SCSEP TIMESHEET**

Participant:

PID#

Assignment Title:

Hourly Rate: \$11.00

Name of Host Agency:

Supervisor:

Payroll Period Beginning Date:

Payroll Period Ending Date:

<b>DATE</b>	<b>REGULAR HOURS</b>	<b>TRAINING HOURS</b>	<b>HOLIDAY HOURS</b>	<b>TOTAL</b>	<b>NOTES</b>
<b>TOTAL</b>					

**Only enter the number of hours worked, not the times.**

**IC- Inclement Weather - C-COVID-19 Related - H- Holiday - S-Sick**

Participant **will NOT** be paid for the hours missed, sick, vacation, or inclement weather. Participant will be paid for recognized Holidays (See complete list in handbook), **ONLY** if he/she is scheduled to work that day. Must be on participant’s TRAINING PLAN. All hours should reflect the participant’s TRAINING PLAN. If hours differ, please indicate why.

**I hereby certify that this report is true in all aspects.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Total in-kind hours \_\_\_\_\_ (Supervisors can only contribute up to 10 hours per pay period.) I hereby certify that this time was provided to the SCSEP trainee during the pay period as a contribution to this project.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisors please complete the Client Evaluation Report separately. This report must be completed with every time sheet.**

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCSEP Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_