



SEARP&DC Senior Employment Program Time Sheet

Participant Name: _____

Name of Host Agency: _____

Payroll Period: Start Date: _____ End Date: _____

Year: _____

_____ Original Timesheet _____ Corrected Timesheet

[Approved : _____} Proj. Director

For SEARP & DC Office Use Only

Week Day/Date	Hours Worked	Training Hours	Total Daily Hours	Host Agency Supervisor Hours/Day
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Total 1st Week				
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Total 2nd Week				
TOTAL				

ADSS

Total Hours Worked (305801) _____

Training (305802) _____

Pay Period Total: _____

SSAI

Total Hours Worked (306801) _____

Training (306802): _____

Pay Period Total: _____

Fax & Mail to: SEARP & DC

Post Office Box 1406

Dothan, AL 36302-1406

This information must be received in the project director's office no later than 2:00 pm on the specified dates as shown on the payroll calendar for each bi-weekly pay period. Use the following information to complete hours and minutes on the timesheet.

15 Minutes = .25 30 Minutes = .50

45 Minutes = .75

Fax Number: (334) 794-3288 or scan and email to:

sep.timesheets@searpcdc.org

Seniors are not allowed more than 29 hours per week even when making up hours. All timesheets must be signed in BLUE ink.

NOTE: This timesheet must be used beginning July 01, 2019 for payment of wages of enrolled participants participating on the Senior Employment Program.

NOTE: Maximum allowable In-Kind Supervisory hours = 20% of Trainee hours. **Example:** 16 x 20% = 3 per week
19.75 x 20% = 4 per week

I the undersigned hereby certify that the hours shown during this reporting period are actual hours worked and is correct for the payroll period indicated.

I. _____
Participant Signature

Supervision hours _____ x wage \$ _____ = Total in-kind cost of \$ _____ (Where applicable) I hereby certify that: (I) this report is true in all aspects, (II) the in-kind contributions are from non-federal sources; and (III) these contributions have not been claimed on any other federal program.

I certify that these hours are a true and accurate record of all time worked by the above individual during this pay period.

II. _____
Host Agency Supervisor Signature

Revised: July 01, 2019