

# Ontario County Workforce Development

3010 County Complex Drive  
Canandaigua, NY 14424  
(585) 396-4020

**Fax to: (585) 396-4028**

**Please return by 9:00am Monday morning**

Participant Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

**All hours should be recorded in ¼ hour increments (i.e. .00, .25, .50, .75).**

	DATE	IN	OUT	IN	OUT	TOTAL
Sun	/ /					.
Mon	/ /					.
Tue	/ /					.
Wed	/ /					.
Thu	/ /					.
Fri	/ /					.
Sat	/ /					.

Total Hours this week: \_\_\_\_\_

Time sheets **MUST BE SIGNED BY PARTICIPANT AND SUPERVISOR** in order to be processed through payroll. Missing signatures **WILL** delay your paycheck.

If a participant works more than 6 hours, a half-hour unpaid break must be indicated.

I certify that the hours reflected are accurate and represent activities provided for under the program guidelines.

\_\_\_\_\_  
Worksite Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use:

Total Hours: \_\_\_\_\_

WIA Year Round

TANF Summer

Approved by: \_\_\_\_\_

WIA Other

TANF/DSS Other

2<sup>nd</sup> Approval: \_\_\_\_\_