



**\*70117\***

## Employment Timesheet

Customer Name: \_\_\_\_\_

As a participant in Employment you are required to complete the hours assigned and submit documentation of your hours to your Employment Counselor. Please have your supervisor record your hours of attendance below. This time sheet must be returned to your Employment Counselor.

If you have any questions - contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_

This attendance timesheet is being completed for the week of \_\_\_\_\_, \_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Instructions: This form is to be completed daily. Enter the total hours for each day in the box below the hours noted and the Employment Counselor will total all hours you record.

Day	Date	Total Hours Worked
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

The individual noted above completed the hours as recorded.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Employer's Name                      Employer's Signature                      Date

**Please Return This Form To:**

New Port Richey  
4440 Grand Blvd.  
New Port Richey, FL 34652

Brooksville  
16336 Cortez Blvd.  
Brooksville, FL 34601

Dade City  
15000 Citrus Country Dr. #303  
Dade City, FL 33523