SCSEP Time Sheet

Catholic Charities

Participant:					
Assignment	Title:				
Name of Hos	t Agency:				
	d Beginning Date				
	SUN	SUNDAY		SATURDAY	
Date	Community Service Hours Worked	Meeting Hours	Training Hours	Total Paid Hours	HOW MANY HOURS DID YOU PROVIDE SUPERVISION EACH DAY
Total					
The undersigned	d hereby certifies that the repor	ting information is	s correct for the pay	yroll period indicated.	
I Participant Si	gnature		_ D	 Date	
Supervision hou report is true in a	rsx wages \$ = To all aspects: (ii) the in-kind cont any other federal program.		\$(Where a	applicable). I hereby	
Host Agency	Supervisor Signature cannot exceed 40 hours portions.	er pay period,		eate advanced and writ	ten authorization
		For Sponso	r Use Only		
Total hours for p	ay this period				
Payment approv					
. aymont approv		roject Director or	Sponsor's Designe	 ee	

Please email and mail original timesheets to: Catholic Charities

Attn: SCSEP-Priscilla Harris

P.O. Box 10630; Fort Wayne, IN 46853

Fax: (260) 422-5657

Email: pharris@ccfwsb.org