SCSEP Time Sheet

Catholic Charities

Participant:Assignment Title:					
Payroll Period	d Beginning Date:		Ending Date:		
Date	Regular Worked Hours	Meeting Hours	Training Hours	Total Paid Hours	Host Agency Supervisor Hours/Day
		-	 	-	-
			<u> </u>		
		-		-	
			 	-	
Total		<u> </u>	<u> </u>	<u> </u>	
Total The undersigned	hereby certifies that the repo	orting information i	is correct for the pa	vroll period indicated.	<u> </u>
l.		-		,	
Participant Signature			Date		
applicable) I here	rs x wage eby certify that: (i) this report ontributions have not been claim	is true in all aspec	cts: (ii) the in-kind c	cost of \$contributions are from r	(Where non-federal sources;
II Host Agency Supervisor Signature			Date		
*Participants ca Project Director	an not exceed 40 hours p r.	per pay period,	unless there is a	idvance and writter	n authorization by
		For Sponso	or Use Only		
Total hours for pa	ay this period				
Payment approve	ed by				
i	Signature of 5	Project Director or	Sponsor's Designe	م ر	

Please fax and mail original timesheets to: Catholic Charities

Attn: Senior AIDES Program

315 E. Washington Blvd., Fort Wayne, IN 46802 Fax: (260) 420-7382 Phone: (260)422-5625