SCSEP
Time Sheet

Catholic Charities

Participant: _____ **Payroll #:** _____

Assignment Title: Aide _____ **Hourly Rate:** _____

Name of Host Agency: _____

Payroll Period Beginning Date 01/12/2015 **Ending Date** 01/23/2015

Date	Community Service Hours Worked	Meeting Hours	Training Hours	Total Paid Hours	HOW MANY HOURS DID YOU PROVIDE SUPERVISION EACH DAY
01/12/2015				0.00	
01/13/2015				0.00	
01/14/2015				0.00	
01/15/2015				0.00	
01/16/2015				0.00	
01/19/2015				0.00	
01/20/2015				0.00	
01/21/2015				0.00	
01/22/2015				0.00	
01/23/2015				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
Total	0.00	0.00	0.00	0.00	0.00

The undersigned hereby certifies that the reporting information is correct for the payroll period indicated.

I. _____ _____
Participant Signature Date

Supervision hours 0.00 x wages $ _____ = Total in-kind cost of $ $ 0.00 (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.

II. _____ _____
Host Agency Supervisor Signature Date

***Participants cannot exceed 40 hours per pay period, unless there is advanced and written authorization by the Project Director.**

For Sponsor Use Only

Total hours for pay this period 0

Payment approved by _____
Signature of Project Director or Sponsor's Designee

Please email and mail original timesheets to: Catholic Charities
Attn: SCSEP-Priscilla Harris
P.O. Box 10630; Fort Wayne, IN 46853
Fax: (260) 420-7382

Email: pharris@ccfwsb.org

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