SCSEP
Time Sheet

Catholic Charities

Participant: _____ **Payroll #:** _____

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

Name of Host Agency: _____

Payroll Period Beginning Date 08/03/2015 **Ending Date** 08/14/2015

Date	Community Service Hours Worked	Meeting Hours	Training Hours	Total Paid Hours	HOW MANY HOURS DID YOU PROVIDE SUPERVISION EACH DAY
08/03/2015				0.00	0.00
08/04/2015				0.00	0.00
08/05/2015				0.00	0.00
08/06/2015				0.00	0.00
08/07/2015				0.00	0.00
			Week 1 Total Hours	0.00	
08/10/2015				0.00	0.00
08/11/2015				0.00	0.00
08/12/2015				0.00	0.00
08/13/2015				0.00	0.00
08/14/2015				0.00	0.00
			Week 2 Total Hours	0.00	
				0.00	0.00
				0.00	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 $ $ 25.00 = 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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