

**SCSEP
Time Sheet**

Catholic Charities

Participant: _____ Payroll #: _____

Assignment Title: _____ Hourly Rate: _____

Name of Host Agency: _____

Payroll Period Beginning Date _____ Ending Date _____

Date	Community Service Hours Worked	Meeting Hours	Training Hours	Total Paid Hours	HOW MANY HOURS DID YOU PROVIDE SUPERVISION EACH DAY
Total					

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

I. _____ Date _____
Participant Signature

Supervision hours ____ x wages \$ _____ = Total in-kind cost of \$ _____ (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. _____ Date _____
Host Agency Supervisor Signature

***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 _____
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