

**WORKFORCE SERVICES**

sdjobs.org

**WORK EXPERIENCE**

OR

**COMMUNITY SERVICE ASSIGNMENT TIMECARD**

**PARTICIPANT INFORMATION**

NAME: \_\_\_\_\_

SID: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

*I certify the dates/hours indicated below are in accordance with my work-based training plan agreement.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TIMECARD INFORMATION**

- Information below must be **legible**.
- Work Week is Saturday through Friday.
- This form must be received by the DLR Job Service Office **no later than the Monday after the week worked** (If Monday is an observed holiday, timecards will be due Tuesday).
- Participant name must match the Work-Based Training Plan Agreement ([WIOA Form 19](#)).

**PAYMENTS:**

- Payments are processed on Tuesday (Wednesday if there is a Monday holiday observance).
- Participants can expect payment Wednesday of the following week.

*\* Allowable hours are based on the program budget. Child labor laws apply*

|        | SAT | SUN | MON                                       | TUES       | WED         | THURS        | FRI          | TOTAL HOURS  |
|--------|-----|-----|---|------------|-------------|--------------|--------------|--------------|
| DATE:  |     |     |   |            |             |              |              |              |
| HOURS: |     |     |   |            |             |              |              |              |
|        |     |     | <i>*Round to the nearest quarter hour</i> | 1-7<br>:00 | 8-22<br>:15 | 23-37<br>:30 | 38-52<br>:45 | 53-59<br>:00 |
|        |     |     |   | .25        | .50         | .75          | +1.00        |              |

**SCSEP ONLY**

Total hours supervised: \_\_\_\_\_ Total hours worked remotely: \_\_\_\_\_ Total hours worked on-site: \_\_\_\_\_

**BUSINESS INFORMATION**

Representative Name and Signature **must match** one of the signatories on the Work-Based Training Plan Agreement ([WIOA Form 19](#)). If it does not match, a payment may not be made and a new timecard must be submitted.

BUSINESS NAME: \_\_\_\_\_

REPRESENTATIVE NAME: \_\_\_\_\_

*I certify the above participant worked on the dates/hours as indicated and in accordance with the Work-Based Training Plan.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DLR STAFF INFORMATION (DLR STAFF USE ONLY)**

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

JOB SERVICE OFFICE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_