

**WORKFORCE SERVICES**

sdjobs.org

**WORK EXPERIENCE (WEX) / SCSEP TIMECARD****PARTICIPANT INFORMATION**

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

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

SDWORKS ID: \_\_\_\_\_

*By signing, I certify the dates and hours indicated below are following my Work-Based Training Plan Agreement.*

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

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

**TIMECARD INFORMATION**

- The information below must be **legible**.
- The work week is Saturday through Friday.
- This form must be received by DLR Job Service **no later than the Monday after the weeks worked**.
- Participant name **must** match the [WIOA Form 19: Work-Based Training Plan Agreement](#).

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

Week 1	SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 1 TOTAL HOURS	WEEK 1 + WEEK 2 TOTAL HOURS
DATE:									
HOURS:									
Week 2	SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 2 TOTAL HOURS	
DATE:									
HOURS:									

  

Minutes:	1 – 7	8 – 22	23 – 37	38 – 52	53 – 59
Round:	:00	:15	:30	:45	:00
Decimal:	.00	.25	.50	.75	+1.00

**SCSEP TIMECARDS ONLY**

TOTAL HOURS SUPERVISED: \_\_\_\_\_

TOTAL HOURS WORKED ON-SITE: \_\_\_\_\_

TOTAL PTO DAYS: \_\_\_\_\_

**BUSINESS INFORMATION**

Representative Name & Signature **must match** one of the signatories on the Work-Based Training Plan Agreement. *If it does not match, a payment may not be made, and a new timecard must be submitted.*

*By signing below, I certify the above participant worked on the dates and hours indicated and following the Work-Based Training Plan Agreement.*

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

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

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

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

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

DLR STAFF NAME: \_\_\_\_\_

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

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

SDWORKS ID: \_\_\_\_\_