



Jobs League Worksite Agreement

Participant Timesheet

Office of Workforce and Community Initiatives

Participant Name: _____ Last 4 digits of SSN: _____

Worksite: _____

Pay Period: ____ / ____ / ____ to ____ / ____ / ____

Date:		Date:		Date:		Date:		Date:	
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Total Hours:		Total Hours:		Total Hours:		Total Hours:		Total Hours:	

Date:		Date:		Date:		Date:		Date:	
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Total Hours:		Total Hours:		Total Hours:		Total Hours:		Total Hours:	

Date:		Date:		Date:		Date:		Date:	
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Total Hours:		Total Hours:		Total Hours:		Total Hours:		Total Hours:	

Date:		Date:	
Time In	Time Out	Time In	Time Out
Total Hours:		Total Hours:	

**Total Hours
for Pay Period:**

For Office Use Only

Total Hours Paid:

Check Number:

Date Paid:

I certify that I have reviewed this timesheet and verify that I have worked the hours reported above.

Participant Signature Printed Name Date

I certify that the hours recorded on this timesheet are accurate.

Supervisor Signature Printed Name Date

For additional information about DSS Office of Workforce and Community Initiatives, please visit mydss.mo.gov/employment-training-programs. Missouri Department of Social Services is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services are available at 711.

