

Print form to sign and submit by email to Tatjana Hill: thill21@wctc.edu or Fax to 262.695.7890

INCOMPLETE AND MISSING SIGNATURE TIMESHEETS WILL NOT BE ACCEPTED

Employee Information

**Participant
Name:**

(First)

(Last)

Business Name:

Phone:

Payroll Information

Pay Period:

To

(Timesheet due bi-weekly on Monday's at 9:00 a.m.)

	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL PAY PERIOD
Start Time																
End Time																
Lunch (If worked more than 6 hours)																
Total Hours or Code* (HR/Code)																

*A = Absent T = Tardy S = Sick H = Holiday

Work Readiness Skills Evaluation

Performance Rating: 1- Improvement Needed 2- Needs Development 3- Average 4- Above Average 5- Advanced

	Rating	Comments
Attendance & Punctuality		
Follows Directions		
Reading, Writing, & Math Job Skills		
Works Well With Others		
Attitude		
Workplace Attire		
Work Independently		
Obeys Worksite & Safety Rules		
Communication Skills		
Contribution To Worksite		

Signatures

*I certify the above times and attendance information is correct and that the youth has been made aware of the results of the above evaluation.

Participant Signature:

Date:

Supervisor Signature:

Date:

