



# SEARP&DC Senior Employment Program Time Sheet

Participant Name: \_\_\_\_\_

Name of Host Agency: \_\_\_\_\_

Payroll Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Year: \_\_\_\_\_

\_\_\_\_ Original Timesheet \_\_\_\_\_ Corrected Timesheet

[Approved : \_\_\_\_\_} Proj. Director

### For SEARP & DC Office Use Only

Week Day/Date	Hours Worked	Training Hours	Total Daily Hours	Host Agency Supervisor Hours/Day
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
<b>Total 1<sup>st</sup> Week</b>				
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
<b>Total 2<sup>nd</sup> Week</b>				
<b>TOTAL</b>				

ADSS

Total Hours Worked (301801) \_\_\_\_\_

Training (301802) \_\_\_\_\_

Pay Period Total: \_\_\_\_\_

SSAI

Total Hours Worked (301901) \_\_\_\_\_

Training (301902): \_\_\_\_\_

Pay Period Total: \_\_\_\_\_

**Fax & Mail to: SEARP & DC**

**Post Office Box 1406**

**Dothan, AL 36302-1406**

This information must be received in the project director's office no later than 2:00 pm on the specified dates as shown on the payroll calendar for each bi-weekly pay period. Use the following information to complete hours and minutes on the timesheet.

15 Minutes = .25      30 Minutes = .50

45 Minutes = .75

**Fax Number: (334) 794-3288 or scan and email to:**

[sep.timesheets@searpc.org](mailto:sep.timesheets@searpc.org)

**Normal hours are 19.75 per week. Seniors are allowed to make up time missed but no more than 29 hours per week even when making up hours. All timesheets must be signed in BLUE ink.**

**NOTE:** Maximum allowable In-Kind Supervisory hours = 20% of Trainee hours. **Example:** 16 x 20% = 3 per week  
19.75 x 20% = 4 per week

I the undersigned hereby certify that the hours shown during this reporting period are actual hours worked and is correct for the payroll period indicated.

I. \_\_\_\_\_  
Participant Signature

Supervision hours \_\_\_\_\_ x wage \$ \_\_\_\_\_ = 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.

**I certify that these hours are a true and accurate record of all time worked by the above individual during this pay period.**

II. \_\_\_\_\_  
Host Agency Supervisor Signature

**Revised: July 01, 2022**