



SEARP&DC Senior Employment Program Time Sheet

Participant Name: _____

Name of Host Agency: _____

Payroll Period: Start Date: _____ End Date: _____

Year: _____

[Approved : _____} Proj. Director

_____ Original Timesheet _____ Corrected Timesheet

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				
Total 1st Week				
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Total 2nd Week				
TOTAL				

☐ ADSS

Total Hours Worked (302801) _____

Training (302802) _____

Pay Period Total: _____

☐ Center for Workforce Inclusion

Total Hours Worked (302901) _____

Training (302902): _____

Pay Period Total: _____

Fax or email then Mail to: SEARP&DC (keep a copy)
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@searpcdc.org

NOTE: This timesheet must be used beginning July 01, 2023 for payment of wages of enrolled participants participating on the Senior Employment Program.

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 1, 2023