



# Community Service Work Experience Time Sheet

Participant Name \_\_\_\_\_ Case Number \_\_\_\_\_

(Please complete one-time sheet for each non-profit organization or governmental agency where you are working or have worked in the reporting period. **(Your work experience site supervisor MUST sign this form).**)

Name of Non-Profit Organization or Governmental Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Assigned WTP CSNEFL CSCM: \_\_\_\_\_

Reporting Month: \_\_\_\_\_ Year: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY DUE BY 4PM	SATURDAY	SUNDAY	TOTAL WEEKLY HOURS	SUP. INITIALS
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____		
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____		
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____		
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____		
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____		

BY SIGNING HERE, I AGREE TO PROVIDE \_\_\_\_\_ WORK EXPERIENCE HOURS (COMPLETED AT AGENCY SHOWN AT TOP) BY APPOINTMENT DATE SHOWN, COMPLETED IN MONTH SHOWN.

Participant Signature: \_\_\_\_\_

**\*\*\*PLEASE ATTACH YOUR RECEIPT OR SELF-ATTESTATION FORM\*\*\***

COMMENTS: \_\_\_\_\_ WORK EXPERIENCE HOURS DONE IN

This form is due Every Friday no later than 4PM.

**Site Supervisor must sign below to verify hours total for the month.**

I certify the above-completed hours are correct as listed on this calendar

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's Title \_\_\_\_\_ Phone Number \_\_\_\_\_



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