

SCSEP Time Sheet

[insert SPONSOR'S NAME HERE]

Participant: _____ **Payroll #:** _____

Payroll #: _____

Assignment Title: _____ **Hourly Rate:** _____

Hourly Rate: _____

Name of Host Agency: _____

Payroll Period Beginning Date: _____ **Ending Date:** _____

The undersigned hereby certifies that the reporting information is correct for the payroll period indicated.

I. _____
Participant Signature

Date

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.

II. _____
Host Agency Supervisor Signature

Date

For Sponsor Use Only

Total hours for pay this period _____

Payment approved by _____
Signature of Project Director or Sponsor's Designee