

# SCSEP Time Sheet

[insert **SPONSOR'S NAME HERE**]

Participant: \_\_\_\_\_ Payroll #: \_\_\_\_\_

Assignment Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

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

Payroll Period Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

| Date         | Community Service<br>Hours Worked | Meeting<br>Hours | Training<br>Hours | Paid Hours | Host Agency<br>Supervisor<br>Hours/Day |
|--------------|-----------------------------------|------------------|-------------------|------------|--|
|              |                                   |                  |                   |            |  |
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|              |                                   |                  |                   |            |  |
|              |                                   |                  |                   |            |  |
| <b>Total</b> |                                   |                  |                   |            |  |

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 |