|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Week** | **Date** | **Time In** | **Out for Lunch** | **In From Lunch** | **Time Out** | **Total Time****(to be completed by Workforce Solutions staff)** |
| **Monday**  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |
|  **Total Number of Hours for First Week** |  |
| **Second Week** | **Date** | **Time In**  | **Out for Lunch** | **In From Lunch** | **Time Out**  | **Total Time****(To be completed by Workforce Solutions staff**) |
| **Monday**  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |
|  **Total Number of Hours for Second Week** |  |
| **TOTAL HOURS TO BE PAID THIS PAY PERIOD:**  | **Enter total here** |

**I certify that the information above is true and accurate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workforce Solutions Signature Date**