WIOA Trainee Time Sheet

Reset form

WIOA Worksite Agreement Number: _____

Pay Period: _____ To _____

Week 1					
Day	**Date (mm/dd)**	**Time In**	**Lunch Period (if taken)**	**Time Out**	**Total Time Worked (Hours / Minutes)**
Sunday		----	----	----	0.00 hours
Monday		----	----	----	0.00 hours
Tuesday		----	----	----	0.00 hours
Wednesday		----	----	----	0.00 hours
Thursday		----	----	----	0.00 hours
Friday		----	----	----	0.00 hours
Saturday		----	----	----	0.00 hours

Total Time Worked – Week 1: 0.00 hours

Week 2					
Day	**Date (mm/dd)**	**Time In**	**Lunch Period (if taken)**	**Time Out**	**Total Time Worked (Hours / Minutes)**
Sunday		----	----	----	0.00 hours
Monday		----	----	----	0.00 hours
Tuesday		----	----	----	0.00 hours
Wednesday		----	----	----	0.00 hours
Thursday		----	----	----	0.00 hours
Friday		----	----	----	0.00 hours
Saturday		----	----	----	0.00 hours

Total Time Worked – Week 2: 0.00 hours

Week 3 (if applicable)					
Day	**Date (mm/dd)**	**Time In**	**Lunch Period (if taken)**	**Time Out**	**Total Time Worked (Hours / Minutes)**
Sunday		----	----	----	0.00 hours
Monday		----	----	----	0.00 hours
Tuesday		----	----	----	0.00 hours
Wednesday		----	----	----	0.00 hours
Thursday		----	----	----	0.00 hours
Friday		----	----	----	0.00 hours
Saturday		----	----	----	0.00 hours

Total Time Worked – Week 3: 0.00 hours

Total Time Worked – Pay Period:
0.00 hours

I certify that the Trainee time and attendance information for the pay period is correct.

Trainee Signature: _____ **WIOA Representative Signature:** _____

Date: _____ **Date:** _____

Worksite Supervisor Signature: _____

Date: _____

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