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| https://lh5.googleusercontent.com/9eHUO5gD61IDG3ep8TwGmAB-IxHBxQxFWrus7tfcM6WF0PZext0jGTDhNhVa5P4bo1Cx6CDkuJJEcX5bOs0O8JielcPFDZJdLKZ-v-jkGhgXEufMFLZDJzJOO0mmMtv3maJHf9lm | | **SummerWorks Program - Weekly Time Sheet** | | | | | | | | | |
| **Week Ending Date:**         \*This is Saturday’s Date for the Current Week\* | | | **INSTRUCTIONS:** Fax original time sheets to **502-574-4272** or email to **payroll@summerworks.org** no later than **9:00 AM** **Monday** following the week worked. Please ensure that all time sheets are signed by ***both the employee and the supervisor*** before submission to KentuckianaWorks.  **Failure to submit a signed timesheet before the deadline may result in delay of payment.** | | | | | | |
| Employer (Company) Name: | | | | Day | Date | Start Time | Stop For Lunch | Back From Lunch | End Time | | Reason For Absence or Tardy |
| Job Site: | | | | SUN |  |  |  |  |  | |  |
| Job Site Address: | | | | MON |  |  |  |  |  | |  |
| City: | State: | | ZIP: | TUE |  |  |  |  |  | |  |
| Phone Number: | | | | WED |  |  |  |  |  | |  |
| Supervisor’s Name (Please Print): | | | | THU |  |  |  |  |  | |  |
| Employee’s Name (Please Print): | | | | FRI |  |  |  |  |  | |  |
| Employee’s Social Security Number   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | **-** |  |  | **-** |  |  |  |  |   (To Be Completed by Employee) | | | | \*SAT\* |  |  |  |  |  | |  |
| SummerWorks youth are typically contracted to work **a maximum of 30 hours per week (scheduled for 32 hours to allot for breaks)**. If a shortage in time occurs, please indicate the reason(s) in the spaces above under “Reason For Absence or Tardy.” | | | | | | | |
| For questions about this form or any other payroll-related matters, please contact one of the KentuckianaWorks representatives listed below:  Freda Churchill: 502-574-4724  Barbara Ferrell: 502-574-3134 | | | | ***Employee: I certify that the hours shown here represent the total number of hours I worked this week.*** | | | | | | **Employee Signature:** | |
| ***Supervisor or Employer:******Your signature represents that the hours shown are true and correct to the best of your knowledge, and the work assigned during those hours was completed satisfactorily.*** | | | | | | **Supervisor Signature:** | |