



WIOA Trainee Time Sheet

WIOA Worksite Agreement

Agreement Number: _____

Part 3: WIOA Trainee Time Sheet

SECTION 1. Trainee Information

Trainee's Name: Last _____ First _____ MI _____

Trainee ID: _____ Program: Adult DLW Youth → IS OOS

WIOA Funding Stream: Formula Other: _____ Wage Rate: \$ _____

Worksite: _____ Supervisor: _____ Phone: _____

WIOA Representative: _____ Title: _____ Phone: _____

SECTION 2. Pay Period

Pay Period Start Date: _____ End Date: _____

§3.1.a. Week One

Week 1	(mm/dd)		Lunch Period	(if taken)			
Day	Date	In	Lunch Out	Lunch In	Out	Hours	Minutes
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Week 1 TOTAL							

§3.1.b. Week Two

Week 2	(mm/dd)		Lunch Period	(if taken)			
Day	Date	In	Lunch Out	Lunch In	Out	Hours	Minutes
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Week 2 TOTAL							

§3.1.c. Week Three

Week 3	(mm/dd)		Lunch Period	(if taken)			
Day	Date	In	Lunch Out	Lunch In	Out	Hours	Minutes
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Week 3 TOTAL							

§3.1.d. Total Time Worked

Total Time Worked / Pay Period: _____ Hours _____ Minutes

SECTION 3. Certification and Approval

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

Trainee Signature Date Worksite Supervisor Signature Date

WIOA Representative Signature Date Alternate Supervisor Signature (if applicable) Date