

# MONTHLY TIME SHEET

<b>PAY PERIOD</b>	FROM	TO
	Mo Day Yr	Mo Day Yr

**PARTICIPANT** \_\_\_\_\_

<b>SSN</b>	<b>NAME</b>
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**WORKSITE/TRAINING AGENT** \_\_\_\_\_

Worksite/Training Agent Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DAILY TOTALS** \_\_\_\_\_

Charge Category	Total Hrs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Reg Hrs																																	
Sick Leave																																	
Vacation																																	
Holiday																																	
Total Hours																																	
Hrs Reimb .																																	
Days Worked																																	

**PROGRESS REPORT**

<b>Progress</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Failing	<b>Quality of Work</b> <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unacceptable	<b>Attitude</b> <input type="checkbox"/> Commendable <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unacceptable	<b>Attendance</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Frequently Late <input type="checkbox"/> Unacceptable	<b>Comments/Recommendations</b>
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\_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of AAO Reviewer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Payment \_\_\_\_\_ Voucher Number \_\_\_\_\_