



VANTAGE Aging PARTICIPANT TIME SHEET

Print Name: John Doe

County: Summit

If a lunch is taken, out/in times need to appear on the time sheet. Make sure hours are correctly recorded and totaled in the appropriate column. Do not skip cells in between In/Out time if no break is taken.

This is a Sample time sheet showing correct and incorrect time input when using computer to fill out time sheet. You will need Adobe Reader or Acrobat to be able to fill out time sheet on computer. Green check mark shows correct way to enter time and Red cross shows incorrect.

FAX: Attention Payroll Department: 1-330-535-2253 | SCAN and E-mail to: Payroll@vantageaging.org

MAILING ADDRESS: VANTAGE Aging Payroll, 2279 Romig Rd, Akron, Ohio 44320

	M/D/YY	h:MM am/pm	h:MM am/pm	h:MM am/pm	h:MM am/pm		
	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
✓ Mon	3/14/17	8:00 am	12:00 pm	1:00 pm	3:00 pm	6.00	
✗ Tue	3/15/17	9:00 am			12:00 pm		
Wed							
Thu							
✗ Fri	3/18/17	8:00 am	12:00 pm	1:00 am	2:00!pm	17.00	
Week 1 Total						23.00	

SAMPLE

	M/D/YY	h:MM	h:MM	h:MM	h:MM		
	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
Mon							
✓ Tue	3/22/17	10:30 am	12:30 pm			2.00	
✓ Wed	3/23/17	8:30 am	12:00 pm	1:00 pm	5:00 pm	7.50	
✓ Thu	3/24/17	8:00 am	12:00 pm	1:00 pm	4:30 pm	7.50	
Fri							
Week 2 Total						17.00	
Pay Period Total:						40.00	

"I certify that this timesheet is correct."

X

Participant Signature

Circle hours of supervision: 1 2 3 4 5 6 7 8 9 10 11 12

"I certify the contributions have not been claimed on any other program and accurately reflect the hours the participant worked at our host site."

XYZ Manufacturing

Host Agency Name

Krista Jones

Print Authorized Signer's Name

X

Host Site Authorized Signature:

Payroll Initial: _____ Dept. # _____

Employee # _____



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County: _____

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If you have questions, call the Title V Payroll Coordinator at: 330-762-8666 or 1-800-554-5335 ext. 158.

Time sheets must be received by 5 pm the Monday following the end of the pay period. Failure to do so may result in the pay being delayed until the next pay period. Transmit in 1 of the following ways:

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	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Week 1 Total							

	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Week 2 Total							

"I certify that this timesheet is correct."

X _____
Participant Signature

Pay Period Total:

--

Circle hours of supervision: 1 2 3 4 5 6 7 8 9 10 11 12

"I certify the contributions have not been claimed on any other program and accurately reflect the hours the participant worked at our host site."

Host Agency Name

Print Authorized Signer's Name

X _____
Host Site Authorized Signature:

Payroll Initial: _____ Dept. # _____

Employee # _____