



# SCSEP JOB SEEKER TIMESHEET

Print Name: \_\_\_\_\_ County: \_\_\_\_\_

**JOB SEEKER DIRECTIONS:** All In/Out times must be rounded to the nearest quarter hour (for example - 8:00, 8:15, 8:30, 8:45) **AND** am or pm **MUST** be entered. Enter the date and hours worked in order from left to right. If a lunch is taken, Out/In times need to be entered. Do not skip boxes between starting and ending times. Make sure hours are correct and Daily, Weekly, and Pay Period Totals are listed. You and your supervisor must sign the form before sending to Payroll. If you have questions, call the Akron Office at 330-253-4597. Choose the option for SCSEP PAYROLL or ask the receptionist for the SCSEP Payroll Specialist.

**Time sheets must be received by 5 pm the Monday following the end of the pay period. Failure to do so may result in your pay being delayed until the next pay period. Transmit in 1 of the following ways:  
 FAX: Attention Payroll Department: 1-330-535-2253 | SCAN and E-mail to: Payroll@vantageaging.org**

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

**Week 1 Total**

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

**Week 2 Total**

"I certify that this timesheet is correct."

X \_\_\_\_\_  
 JOB SEEKER 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."

\_\_\_\_\_  
 Training Site Name

\_\_\_\_\_  
 Print Authorized Signer's Name

X \_\_\_\_\_  
 Training Site Authorized Signature:

**Payroll Initial:** \_\_\_\_\_ **Dept. #:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_