



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

	<i>Date</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>Total</i>	<i>Remote</i>	<i>Payroll Use</i>
<i>Sat</i>								
<i>Sun</i>								
<i>Mon</i>								
<i>Tue</i>								
<i>Wed</i>								
<i>Thu</i>								
<i>Fri</i>								

Week 1 Total

	<i>Date</i>	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>	<i>Total</i>	<i>Remote</i>	<i>Payroll Use</i>
<i>Sat</i>								
<i>Sun</i>								
<i>Mon</i>								
<i>Tue</i>								
<i>Wed</i>								
<i>Thu</i>								
<i>Fri</i>								

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 #:** _____