



Name: _____

County: _____ Training Site: _____

1. Payroll checks and direct deposit stubs will be mailed if time sheets are signed properly.
2. If your assignment lasts longer than 6 hours in any one day, you **must** sign out/in for a ½ hour lunch.
3. Make sure hours are correctly recorded and totaled in the appropriate column(s)
4. FAX properly completed time sheets to: **Mature Services, Inc., PAYROLL DEPARTMENT at 1.330.535.2253;**

IF YOU CANNOT FAX: Please **MAIL** your time sheet to: **Mature Services, Payroll Dept., 415 S. Portage Path, Akron, OH 44320.**

DATE	IN	OUT	IN	OUT	HOURS WORKED	PAID HOLIDAY
WEEK 1 TOTALS						

5. Call the Title V Payroll Coordinator at: **330.762.8666 or 1.800.554.5335, ext. 158**, if you have any questions.
6. Make sure your time sheet is complete **with signatures**, before FAXing [or MAILing]. Checks cannot be processed without proper signatures.

PLEASE CHECK ONE:

- I authorize MSI to mail my Check or Direct Deposit Stub.
- I pick up my check or Direct Deposit Stub.

NOTE: Your faxed [or mailed] time sheet must be received by 5 p.m. the Monday following the end of the pay period to be processed on time.

DATE	IN	OUT	IN	OUT	HOURS WORKED	PAID HOLIDAY
WEEK 2 TOTALS						
PAY PERIOD TOTALS						

TRAINEE'S SIGNATURE (I certify that this timesheet is correct)

MATURE SERVICES' Title V Payroll Coordinator

 Dept. # Employee # Rev. 07/08

I certify the contributions are from non-federal sources and have not been claimed on any other program.

Hours of Supervision _____
 [not to exceed 20% of total hours reported]

 Host Agency Supervisor Signature
 (I certify that this time sheet is correct)