



Name \_\_\_\_\_ County \_\_\_\_\_

Training Site \_\_\_\_\_ Supervisor \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION ABOVE THIS LINE**

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.**
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
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
<b>WEEK 1 TOTALS</b>						

	DATE	IN	OUT	IN	OUT	HOURS WORKED
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
<b>WEEK 2 TOTALS</b>						
<b>PAY PERIOD TOTALS</b>						

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

\_\_\_\_\_  
MATURE SERVICES' Title V Payroll Coordinator

\_\_\_\_\_  
Dept. #                      Employee #                      Rev. 07/11

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

Hours of Supervision -- ***Always CIRCLE one:***

**1    2    3    4    5    6    7    8**

\_\_\_\_\_  
**Host Agency Supervisor's Signature**  
***(I certify that this time sheet is correct)***