



Employment & Training Solutions

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 a lunch is taken, **out/in times** need to appear on the time sheet for auditing purposes.
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>WEE K 1 TOT ALS</b>						
	DATE	IN	OUT	IN	OUT	HOURS WORKED
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
<b>WEE K 2 TOT ALS</b>						
<b>PAY PERIOD TOT ALS</b>						

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

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

\_\_\_\_\_  
 Dept. #

\_\_\_\_\_  
 Employee #

Rev. 04/15

***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 9 10 11**

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