



MATURE SERVICES PARTICIPANT TIME SHEET

Print Name: John Doe

County: Summit

If a lunch is taken, out/in times need to appear on the time sheet. Make sure hours are correctly recorded and totaled in the appropriate column. Do not skip cells in between In/Out time if no break is taken.

This is a Sample time sheet showing correct and incorrect time input when using computer to fill out time sheet. You will need Adobe Reader or Acrobat to be able to fill out time sheet on computer. Green check mark shows correct way to enter time and Red cross shows incorrect.

FAX: Attention Payroll Department: 1-330-535-2253 | SCAN and E-mail to: Payroll@matureservices.org

MAILING ADDRESS: Mature Services Payroll, 415 S. Portage Path, Akron, Ohio 44320

	M/D/YY	h:MM am/pm	h:MM am/pm	h:MM am/pm	h:MM am/pm	Total	Payroll Use
	Date	In	Out	In	Out		
Sat							
Sun							
✓ Mon	3/14/17	8:00 am	12:00 pm	1:00 pm	3:00 pm	6.00	
✗ Tue	3/15/17	9:00 am			12:00 pm		
Wed							
Thu							
✗ Fri	3/18/17	8:00 am	12:00 pm	1:00 am	2:00!pm	17.00	
						Week 1 Total	23.00

Do not skip cells in between or the total will not calculate. See line with date "3/15/17". The out time 12:00pm should be right next to 9:00am In time.

You have to use "pm" for time after 12pm or the total will be incorrect.

SAMPLE

	M/D/YY	h:MM am/pm	h:MM am/pm	h:MM am/pm	h:MM am/pm	Total	Payroll Use
	Date	In	Out	In	Out		
Sat							
Sun							
✓ Mon	3/21/17			12:00 pm	2:00 pm	2.00	
✓ Tue	3/22/17	10:30 am	12:30 pm			2.00	
✓ Wed	3/23/17	8:30 am	12:00 pm	1:00 pm	5:00 pm	7.50	
✓ Thu	3/24/17	8:00 am	12:00 pm	1:00 pm	4:30 pm	7.50	
Fri							

"I certify that this timesheet is correct."

Week 2 Total 19.00!

Pay Period Total: 42.00

Participant

Signature: _____

Payroll Total:

Host Agency Name <u>ABC Manufacturing</u>	Print Signer's Name <u>Michael</u>
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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."

Host Site Authorized Signature: _____

Payroll Initial: _____

Dept. # _____

Employee # _____