



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, 2279 Romig Rd, 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

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							
✓ 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							
						Week 2 Total	17.00
						Pay Period Total:	40.00

"I certify that this timesheet is correct."

x _____
Participant Signature

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."

XYZ Manufacturing
Host Agency Name

Krista Jones
Print Authorized Signer's Name

x _____
Host Site Authorized Signature:

Payroll Initial: _____ Dept. # _____ Employee # _____