



# MATURE SERVICES PARTICIPANT TIME SHEET

Print Name: \_\_\_\_\_ County: \_\_\_\_\_

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. If you have questions, call the Title V Payroll Coordinator at: 330-762-8666 or 1-800-554-5335 ext. 158.

**Time sheets must be received by 5 pm the Monday following the end of the pay period. Failure to do so may result in the pay being delayed until the next pay period. Transmit in 1 of the following ways:**

**FAX:** Attention Payroll Department: 1-330-535-2253 | **SCAN and E-mail to:** [Payroll@matureservices.org](mailto:Payroll@matureservices.org)

**MAILING ADDRESS:** Mature Services Payroll, 2279 Romig Rd, Akron, Ohio 44320

	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
<b>Week 1 Total</b>							

	Date	In	Out	In	Out	Total	Payroll Use
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
<b>Week 2 Total</b>							

"I certify that this timesheet is correct."

**Week 2 Total**

X \_\_\_\_\_  
Participant Signature

**Pay Period Total:**

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 Agency Name \_\_\_\_\_

Print Authorized Signer's Name \_\_\_\_\_

X \_\_\_\_\_  
Host Site Authorized Signature:

Payroll Initial: \_\_\_\_\_ Dept. # \_\_\_\_\_ Employee # \_\_\_\_\_