



OPERATION ABLE | SCSEP Participant Timesheet | BOSTON
SCSEP - Bi-weekly Time Sheet | Fax before Noon on Time Sheet Due Dates
FAX: 617-542-4187 OR SCAN/EMAIL TIME.SHEETS@OPERATIONABLE.NET



If you have questions, please call your Program Assistant

| | | | | | | | |
|--------------------------------------|--------|--------|---------|--------------------------------|---------------|--------|----------|
| SCSEP PARTICIPANT: | | | | | | | |
| HOST AGENCY: | | | | | | | |
| Host Agency Supervisor: | | | | | PHONE: | | |
| Host Agency Street Address: | | | | | FAX: | | |
| Host Agency City, State, Zip: | | | | | | | |
| Authorized Hours for each Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Pay Period Start Date: 03/22/2020 | | | | Pay Period End Date: 4/04/2020 | | | |

For office use only: SCSEP Grant enrolled State National

| DAY | DATE | Number of Hours worked (<i>NOT the time</i>) | HOLIDAY: Only If Applicable – <i>See bottom*</i> | Classroom Hours | Jury Duty | Family Bereavement | Total each Row Across & this Column Down |
|-----------|-----------|---|--|-----------------|-----------|--------------------|--|
| SUNDAY | 3/22/2020 | | | | | | |
| MONDAY | 3/23/2020 | | | | | | |
| TUESDAY | 3/24/2020 | | | | | | |
| WEDNESDAY | 3/25/2020 | | | | | | |
| THURSDAY | 3/26/2020 | | | | | | |
| FRIDAY | 3/27/2020 | | | | | | |
| SATURDAY | 3/28/2020 | | | | | | |
| SUNDAY | 3/29/2020 | | | | | | |
| MONDAY | 3/30/2020 | | | | | | |
| TUESDAY | 3/31/2020 | | | | | | |
| WEDNESDAY | 4/1/2020 | | | | | | |
| THURSDAY | 4/2/2020 | | | | | | |
| FRIDAY | 4/3/2020 | | | | | | |
| SATURDAY | 4/4/2020 | | | | | | |

TOTAL PARTICIPANT HOURS ->

YOU MUST FAX OR EMAIL YOUR TIME SHEET BY NOON ON DUE DATE.
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**You will be paid your regular number of hours for the holiday, only IF the holiday falls on your regular workday/training day. If you do not regularly work on the day of the holiday, you will not be paid for the holiday. If your agency is closed for other holidays only, you can make up hours within that 2-week payroll period.*

| | | |
|---|------------------|--------------|
| New Year's Day | Memorial Day | Columbus Day |
| Martin Luther King Day | Independence Day | Veterans Day |
| Presidents Day | Labor Day | Thanksgiving |
| REMINDER: No pay for non-federal holidays, even if host agency is closed. | | Christmas |

HOURS FOR MISSED DAYS OR AGENCY CLOSINGS CAN BE MADE UP IF DONE IN THE SAME 2-WEEK PAYROLL PERIOD AS THE MISSED DAYS, INCLUDING SNOW DAYS.

The undersigned hereby certify that the reported information is correct for the above payroll period.

Participant Signature: _____ Date _____
 Host Agency Supervisor Signature: _____ Date _____
 Payroll Manager Signature: _____ Date _____

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