



# OPERATION ABLE | SCSEP Participant Timesheet | LAWRENCE

SCSEP - Bi-weekly Time Sheet | Fax before Noon on Time Sheet Due Dates

FAX: 617-367-3621 OR SCAN/EMAIL [ESX-MDLX-TIMESHEETS@OPERATIONABLE.NET](mailto:ESX-MDLX-TIMESHEETS@OPERATIONABLE.NET)



If you have questions, please call your Program Assistant

<b>SCSEP PARTICIPANT:</b>							
<b>HOST AGENCY:</b>							
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: 08/23/2020				Pay Period End Date: 09/05/2020 <b>Time sheet due 09/03/20</b>			

For office use only: SCSEP Grant enrolled  State  National

DAY	DATE	Number of Hours worked ( <i>NOT the time</i> )	HOLIDAY: Only If Applicable – See bottom*	Classroom Hours	Sick Leave	Family Bereavement	Total each Row Across & this Column Down
SUNDAY	8/23/2020						
MONDAY	8/24/2020						
TUESDAY	8/25/2020						
WEDNESDAY	8/26/2020						
THURSDAY	8/27/2020						
FRIDAY	8/28/2020						
SATURDAY	8/29/2020						
SUNDAY	8/30/2020						
MONDAY	8/31/2020						
TUESDAY	9/1/2020						
WEDNESDAY	9/2/2020						
THURSDAY	9/3/2020						
FRIDAY	9/4/2020						
SATURDAY	9/5/2020						

**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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