



OPERATION ABLE | SCSEP Participant Timesheet | NEW HAMPSHIRE

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

FAX: 603-623-5277 OR SCAN/EMAIL NHPAYROLL@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: 1/10/2021				Pay Period End Date: 1/23/2021 Time Sheet Due 1/21/2021			

For office use only: SCSEP Grant enrolled State National

DAY	DATE	Number of Hours worked (NOT the time)	HOLIDAY: Only If Applicable – See bottom*	Classroom Hours	Sick Leave	Family Bereavement	Total each Row Across & this Column Down
SUNDAY	1/10/2021						
MONDAY	1/11/2021						
TUESDAY	1/12/2021						
WEDNESDAY	1/13/2021						
THURSDAY	1/14/2021						
FRIDAY	1/15/2021						
SATURDAY	1/16/2021						
SUNDAY	1/17/2021						
MONDAY	1/18/2021						
TUESDAY	1/19/2021						
WEDNESDAY	1/20/2021						
THURSDAY	1/21/2021						
FRIDAY	1/22/2021						
SATURDAY	1/23/2021						

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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