

**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

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: 10/31/2021			Pay Period End Date: 11/13/2021 Time sheet due 11/12/2021				

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	10/31/2021						
MONDAY	11/1/2021						
TUESDAY	11/2/2021						
WEDNESDAY	11/3/2021						
THURSDAY	11/4/2021						
FRIDAY	11/5/2021						
SATURDAY	11/6/2021						
SUNDAY	11/7/2021						
MONDAY	11/8/2021						
TUESDAY	11/9/2021						
WEDNESDAY	11/10/2021						
THURSDAY	11/11/2021						
FRIDAY	11/12/2021						
SATURDAY	11/13/2021						

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	Juneteenth*	Independence Day
Presidents Day	Labor Day	Thanksgiving
		Christmas
REMINDER: No pay for non-federal holidays, even if host agency is closed.		*On June 17, 2021, President Biden signed into law Senate Bill 475 (S. 475) making "Juneteenth" a federal holiday.
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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