



# 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](mailto:NHPAYROLL@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: 02/19/2023			Pay Period End Date: 03/04/2023 <b>Timesheet Due 03/02/2023</b>				

Class Title: \_\_\_\_\_ Instructor: \_\_\_\_\_ Start & End Dates: \_\_\_\_\_ to \_\_\_\_\_

DAY	DATE	Number of Hours worked ( <b>NOT</b> the time)	HOLIDAY: Only If Applicable – See bottom*	Classroom Hours (See Class Title section above)	Other	Family Bereavement	Total each Row Across & this Column Down
SUNDAY	2/19/2023						
MONDAY	2/20/2023						
TUESDAY	2/21/2023						
WEDNESDAY	2/22/2023						
THURSDAY	2/23/2023						
FRIDAY	2/24/2023						
SATURDAY	2/25/2023						
SUNDAY	2/26/2023						
MONDAY	2/27/2023						
TUESDAY	2/28/2023						
WEDNESDAY	3/1/2023						
THURSDAY	3/2/2023						
FRIDAY	3/3/2023						
SATURDAY	3/4/2023						
<b>TOTAL PARTICIPANT HOURS -&gt;</b>							

\*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	Indigenous Peoples' Day (also observed as Columbus Day)	
Martin Luther King Day	Juneteenth*	Independence Day	Veterans Day
Presidents Day	Labor Day	Thanksgiving	Christmas

REMINDER: No pay for non-federal holidays, even if host agency is closed.

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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