



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: 11/12/2023			Pay Period End Date: 11/25/2023 Timesheet Due 11/21/2023				

Class Title: _____ Instructor: _____ Start & End Dates: _____ to _____

DAY	DATE	Number of Hours worked (NOT 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	11/12/23						
MONDAY	11/13/23						
TUESDAY	11/14/23						
WEDNESDAY	11/15/23						
THURSDAY	11/16/23						
FRIDAY	11/17/23						
SATURDAY	11/18/23						
SUNDAY	11/19/23						
MONDAY	11/20/23						
TUESDAY	11/21/23						
WEDNESDAY	11/22/23						
THURSDAY	11/23/23						
FRIDAY	11/24/23						
SATURDAY	11/25/23						
TOTAL PARTICIPANT HOURS ->							

*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 _____

FAX: 603-623-5277 OR SCAN/EMAIL NHPAYROLL@OPERATIONABLE.NET