



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: 04/28/24			Pay Period End Date: 05/11/2024 Timesheet due 05/09/2024				

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

DAY	DATE	Number of Hours worked (<i>NOT the time</i>)	HOLIDAY: Only If Applicable – See bottom*	Classroom Hours (<i>See Class Title section above</i>)	Other	Family Bereavement	Total each Row Across & this Column Down
SUNDAY	04/28/2024						
MONDAY	04/29/2024						
TUESDAY	04/30/2024						
WEDNESDAY	05/01/2024						
THURSDAY	05/02/2024						
FRIDAY	05/03/2024						
SATURDAY	05/04/2024						
SUNDAY	05/05/2024						
MONDAY	05/06/2024						
TUESDAY	05/07/2024						
WEDNESDAY	05/08/2024						
THURSDAY	05/09/2024						
FRIDAY	05/10/2024						
SATURDAY	05/11/2024						

TOTAL PARTICIPANT HOURS ->

YOU MUST FAX OR EMAIL YOUR TIME SHEET BY NOON ON DUE DATE.
FAX: 617-367-3621 OR SCAN/EMAIL ESX-MDLSX-TIMESHEETS@OPERATIONABLE.NET

*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 1/2/23	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 _____