

OPERATION ABLE BI-WEEKLY SCSEP TIMESHEET



SCSEP Participant:	The undersigned hereby certifies that the reported
Host Agency:	information is correct for this payroll period
Host Agency	Participant
Supervisor Name:	Signature:
Host Agency	HA Supervisor
Supervisor Title:	Signature:

New Hampshire	NHPAYROLL@OPERATIONABLE.NET	FAX: 603-623-5277
(Boston) Suffolk & Middlesex South	TIME.SHEETS@OPERATIONABLE.NET	FAX: 617-542-4187
(Lawrence) Essex & Middlesex North	ESX-MDLSX-TIMESHEETS@OPERATIONABLE.NET	FAX: 617-367-3621
(Quincy) Norfolk & Middlesex West	NWMTIMESHEETS@OPERATIONABLE.NET	FAX: 617-542-4170

APPROVED REGULAR SCHEDULE

SUN	MON	MON TUE WED		THU	FRI	SAT

DAY	Pay Period 16 DATES	Number of Hours Worked (In-Person)	Number of Hours Worked (Remotely)	Number of Holiday Hours (If Applicable)	# Classroom Hours	Number of Other Hours (e.g. Bereavement)	Total Hours (Add Row Across)
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

GRAND TOTAL PARTICIPANT HOURS (Add the Column Down)