## Senior Community Service Employment Program (SCSEP)



## Operation ABLE, Inc. 98 North Washington Street Suite 200 Boston, MA 02114



Operation ABLE, Inc. 228 Maple Street Suite 300 Manchester, NH 03103



| □ New Hampshire (Manchester) □ Suffolk (Boston) □ Essex (Lawrence) □ Norfolk (Quincy)  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
|--|--|---------|---------|--|--|--------------------------------------|------------------|---|-----------|-------------------|--|--|--|
| SCSEP Region & Regional Office Location Pay Period End Date  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| CWI Pay Period Schedule — Saturday through Friday  APPROVED REGULAR WORK   SAT   SUN   MON   TUE   WED   THU   FRI   Class Instructor Name |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
|  |  |         | SUN     | SUN MON                                  |  | WED                                  | THU              | FRI   | Clas      | s Instructor      | nstructor Name                                 |  |  |
| OR CLASS SCHEDULE *  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| The class instructor must sign for classroom training hours instead of the training site supervisor  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Day  |  | Date    |         | Number of<br>Hours Worked<br>(In-Person) |  | Number of<br>Hours Work<br>(Remotely | ed Holi          | Number of<br>Holiday Hours<br>(If Applicable) |           | room              | Number of<br>Other Hours<br>(e.g. Bereavement) | Total Hours<br>( <i>Add</i> Row<br><i>Across</i> ) |  |
| SATURDA  | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| SUNDA  | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| MONDA  | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| TUESDA   | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| WEDNESDA   | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| THURSDA  | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| FRIDA  | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| SATURDA  | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| SUNDA  | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| MONDA  | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| TUESDA   | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| WEDNESDA   | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| THURSDA  | Υ  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| FRIDA  | Y  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| TOTAL PARTICIPANT HOURS (Add the Column Down)  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| The  | e undersi  | gned he | reby ce | rtifies                                  | that th                                | e reporte                            | d inform         | ation is                                      | correct f | or thi            | s payroll perio                                | od   |  |
|  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Job Seeker Name Printed Job Seeker Signature   |  |         | ure     | Phon                                     | e Number                               | Joi                                  | Job Seeker Email |   |           | Job Seeker        | Job Seeker Date                                |  |  |
|  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Training Site Agency Address  Training Site Agency Address   |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
|  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Training Site Supervisor Name  |  |         |         |  |  | Training Site Supervisor Signature   |                  |   |           |                   |  | Supervisor Date                                    |  |
| ·  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Training Site Supervisor Title Training Site Supervisor Email Supervisor Phone   |  |         |         |  |  |                                      |                  |   |           |                   |  | · Phone  |  |
| Approved Timesheet — Fax to Appropriate Regional Office  |  |         |         |  |  |                                      |                  |   |           |                   |  |  |  |
| Manchester   | New Hampshire  |         |         |  | NHPAYROLL@OPERATIONABLE.NET            |                                      |                  |   |           |                   | FAX: 60  | FAX: 603-854-5256                                  |  |
| Boston   | Suffolk & Middlesex South                                |         |         |  | TIME.SHEETS@OPERATIONABLE.NET          |                                      |                  |   |           |                   | FAX: 61  | FAX: 617-542-4187                                  |  |
| Lawrence   | Essex &  | Middles | ex Nor  | th                                       | ESX-MDLSX-TIMESHEETS@OPERATIONABLE.NET |                                      |                  |   |           |                   | ET FAX: 61                                     | FAX: 617-367-3621                                  |  |
| Quincy   | Norfolk & Middlesex West NWMTIMESHEETS@OPERATIONABLE.NET |         |         |  |  |                                      |                  |   | FAX: 61   | FAX: 617-542-4190 |  |  |  |

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