



**Title V Time Record**  
**Inter-County Community Council**  
 PO Box 189  
 Oklee, MN 56742  
 PH: 218-796-5144 FAX: 218-796-5175

Employee Name \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

Week One	Date	Total Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Week Two	Date	Total Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
<b>Total Hours</b>		

We certify that the information on this time sheet is true and correct to the best of our knowledge.

Participant Signature \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

**NUMBER OF HOURS SPENT SUPERVISING PARTICIPANT** \_\_\_\_\_

Supervisor: Please help us keep a running update on the participant's progress by completing the following checklist:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Attendance</b>	_____	_____	_____	_____
<b>Quality of Work</b>	_____	_____	_____	_____
<b>Personal Appearance</b>	_____	_____	_____	_____
<b>Relationship with Supervisor or Coworkers</b>	_____	_____	_____	_____
<b>Mastering of new skills</b>	_____	_____	_____	_____

Please highlight success points or areas needing special attention \_\_\_\_\_

**Example of Hours:**  
 3 hrs, 22 min=3.25  
 3 hrs, 23 min=3.50  
 3 hrs, 52 min=3.75  
 3 hrs, 53 min=4.00

**Office Personnel Only**

Employee Name \_\_\_\_\_  
 Payroll Code \_\_\_\_\_  
 Total Hours \_\_\_\_\_