



Title V Time Record
Inter-County Community Council
PO Box 189
Oklee, MN 56742
employment@intercountycc.org
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		
Total Hours		

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:

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

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 _____