



Youth
WT
WIOA
SNAP
RESEA

**PROGRAM PARTICIPANT
TIMESHEET & EVALUATION**

Participant Name: _____
 Worksite/Training Provider: _____
 Supervisor/Instructor: _____
 Supervisor/Instructor Phone: _____
 Supervisor/Instructor Email: _____

This weekly timesheet and evaluation will help the participant keep track of hours spent in work activity or training at the worksite/training provider. Immediately report any absences or tardiness to CareerSource North Florida.

Week _____						
Date					Supervisor Signature	Daily Total
Participant					Date	Weekly Total
Career Consultant					Date	

If requested by the Career Consultant, supervisor/training provider should complete the evaluation below.

- | | |
|---|--|
| <input type="checkbox"/> Appropriately Dressed | <input type="checkbox"/> Works Independently |
| <input type="checkbox"/> Good Attendance | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Arriving on Time | <input type="checkbox"/> Arriving Late |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Excessive Absences |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Behavior Issues |
| <input type="checkbox"/> Accepts Responsibility | <input type="checkbox"/> Improper Dress |
| <input type="checkbox"/> Approachable | <input type="checkbox"/> Staff Conference |
| <input type="checkbox"/> Flexible | |

Timesheet should be signed by supervisor, participant, and Career Consultant regardless of program.

Supervisor Signature _____ Date _____

Participant Signature _____ Date _____

Career Consultant Signature _____ Date _____

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