Dislocated Worker Program On-the Job Training Voucher Timesheet for the Month of: _____

Job Title: _____ Contract Number _____ Revision _____

Total Hours of Training: _____ Employer: _____

Total DWP Reimbursement: $_____ Trainee: _____

DWP Hourly Rate: $_____ Starting Wage: $_____

Start Date: _____ End Date: _____

Employer Federal I.D. #: _____

1. Complete entire calendar by indicating the actual number of hours worked for each day of the month in the appropriate date box.
2. Reimbursement cannot be paid for (a) work performed outside the term of the contract or (b) during periods of work stoppages (strikes, holidays, vacation, sick leave, weather, or other emergency-related closing).
3. Important: Please **DO NOT** use white-out on timesheets. If mistakes are made, please cross out the mistake, make needed changes and initial the cross out.

For absences, complete as follows:

H = Holiday A = Unexcused Absence O = Day Off

L = Company Layoff SL = Approved Sick Leave V = Vacation

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	DWP USE

Hours may not exceed 40 per week or the total hours contracted.

I certify that the above reported hours have been taken from our payroll records and that these hours have been completed in accordance with the agreement with _____Dislocated Worker Program at the wage indicated above.

_____ _____ _____ _____

Participant's Signature **(IN INK)** Date Employer's Signature **(IN INK)** Date

FOR DWP USE ONLY	TOTAL HOURS CLAIMED THROUGH LAST MONTH	HOURS CLAIMED FOR THIS MONTH	TOTAL HOURS CLAIMED TO DATE
	_____	_____	_____

$ Paid _____ **Warrant #:** _____ **Date:** _____