

WBL Participant Timesheet

Participant Name: _____ State ID #: _____

Address: _____

Training Site: _____

Address: _____

Period/Dates of Reimbursement: _____

Date		Date		Date		Date		Date		Date		Date	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	
Date		Date		Date		Date		Date		Date		Date	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	

Participant Signature/Date

Training Site Representative/Date

My signature indicates that the hours/days reported above are true and correct. I have received the service agreed upon as outlined in my Employment Plan. The Missouri Job Center system reserves the right to require documentation to support the above dates of attendance. If it is proven that the dates were knowingly incorrect, we will terminate our agreement.

FOR OFFICE USE ONLY

NUMBER

COMPONENT **RATE/Hr.** **X** **Hrs. this period** **=** **AMOUNT DUE** **FUNDING SOURCE**

Work Experience	\$	X	=		
Scholars to Work	\$	X	=		
Internship	\$	X	=		
Pre-Apprenticeship	\$	X	=		

Previous Worksite Hrs. _____ Current Period Worksite Hrs. _____ Remaining Worksite Hrs. _____

I certify that the information above is accurate and appropriate for program participation. The rate of pay and number of hours trained have been reviewed and verified.

Payment submitted by Program Staff (Signature/Date)

Payment approved by Supervisor (Signature/Date)

\$ _____
Amount Paid Check #

_____ Date

The Workforce Development Board of North Missouri is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY users can dial 711.