

**Department of Health and Social Services
 Division of Public Assistance
 COMMUNITY WORK EXPERIENCE (CWE)
 BUSINESS WORK EXPERIENCE (BWE)
 TIME SHEET and EVALUATION**

Participant's Printed Full Name:		Work Site:	
Case Manager's Name:		Site Supervisor Name:	
Case Manager's Phone Number:	Fax Number:	Site Supervisor Phone Number:	Fax Number:

Site Supervisor completes timesheet and submits to Case Manager on the 16th of the month and the last working day of the month.
 Enter **EX** for excused or **UX** for unexcused absences if the Participant was scheduled and did not attend.

Date: Week Beginning Monday	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Hours		Hours		Hours		Hours		Hours		Hours		Hours	
	Sched	Wkd	Sched	Wkd	Sched	Wkd	Sched	Wkd	Sched	Wkd	Sched	Wkd	Sched	Wkd
Total Scheduled														
Total Worked														

Participant's Bi-Weekly Performance Review – Please Circle Only One
 E = Excellent S = Satisfactory U = Unsatisfactory

Attendance/Punctuality	Attitude			Dependability			Progress			Overall		
E S U	E	S	U	E	S	U	E	S	U	E	S	U

Site Supervisor comments:

Site Supervisor's Signature: _____ Date: _____

Office Use Only: Totals for Codes Listed		
Up to eight (8) per day; maximum 16 hours a month; maximum 80 hours in 12 months		
CWE Codes: CW Holiday – CH Absence – CA Code: _____ Hours: _____	BWE Codes: WX Holiday – WH Absence – WA Code: _____ Hours: _____	Allowable Holidays: New Year's, Martin Luther King's, President's, Independence, Labor, Columbus, Veteran's, Thanksgiving, Christmas Code: _____ Hours: _____