

## Region 1 Workforce Investment Board Support Service Payment Time Sheet

Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Date Time sheet Due to WIB: \_\_\_\_\_

Check here if your address has changed since last time sheet.

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Training Institution \_\_\_\_\_

Program \_\_\_\_\_

I am receiving the following:

Unemployment/TRA  Veteran's Affairs support payments

TAA Travel  Other (list) \_\_\_\_\_

TANF travel support services

I am not receiving monetary assistance from another agency.

Have you worked in employment or self-employment during the training weeks shown above?

YES  NO

Gross Wages Earned Week 1 \$ \_\_\_\_\_ Week 2 \$ \_\_\_\_\_

Name and Address of employer \_\_\_\_\_

I certify this information is correct and I may be subject to penalties for willful misrepresentation made to obtain benefits to which I am not entitled.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the participant has been in attendance for the days and hours listed and is making satisfactory progress in training.

Training provider signature and title \_\_\_\_\_ Date \_\_\_\_\_

**Timesheets must be received within 30 days of due date to receive payment**

Funding Source: Adult \_\_\_\_\_ DW \_\_\_\_\_ TAA \_\_\_\_\_ Petition # \_\_\_\_\_

Phone # \_\_\_\_\_ County \_\_\_\_\_

| Schedule of Classes      |      |      |       |      |        |      |      | Total Hours Scheduled |
|--------------------------|------|------|-------|------|--------|------|------|-----------------------|
| # of Hrs. Scheduled      | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |                       |
| Week 1                   |      |      |       |      |        |      |      |                       |
| Week 2                   |      |      |       |      |        |      |      |                       |
| <b>WEEK 1 ATTENDANCE</b> |      |      |       |      |        |      |      |                       |
| WEEK 1<br>Month/Day      | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total Hours Attended  |
| # Hours Attended         |      |      |       |      |        |      |      |                       |
| <b>WEEK 2 ATTENDANCE</b> |      |      |       |      |        |      |      |                       |
| WEEK 2<br>Month/Day      | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total Hours Attended  |
| # Hours Attended         |      |      |       |      |        |      |      |                       |

\* If you are absent from a scheduled training time, mark "A" in attendance block.

Next scheduled break in training.

Date: From \_\_\_\_\_ To \_\_\_\_\_

FOR OFFICE USE ONLY:

|                               |   |                  |          |       |
|-------------------------------|---|------------------|----------|-------|
|                               | x |                  | =        |       |
| Total Hours/Days              |   | Support Services |          | Total |
|                               | x |                  | =        |       |
| Total Hours/Days              |   | Support Services |          |       |
|                               | x |                  | =        |       |
| Grand Total This Check: _____ |   |                  |          |       |
| Reviewed and Approved _____   |   |                  |          |       |
|                               |   |                  | Initials | Date  |

Mail to: **Region 1 Workforce Investment Board**  
200 Value City Center, Suite 200  
Beckley, WV 25801

Revised 07/15/05