

Mercy Care Rome
 P.O. Box 866
 Rome, Georgia 30162-0866
 706-291-2128 toll free 1-888-328-5003
 Fax 706-291-2386

Senior Employment Program Timesheet

Attention: Dixie Cook

Participant Name: _____ Title: _____
 Host Agency: _____ Employee# _____
 Host Phone:: _____ Host Fax: _____

Week 1

Day	Date	Start Time	Lunch Out	Lunch In	End Time	Community Service Hrs.	Off site Training hrs	Total Hrs.
Sunday							0	
Monday							0	
Tuesday							0	
Wednesday							0	
Thursday							0	
Friday							0	
Saturday							0	

Progress Notes: _____ **FIRST WEEK TOTAL** _____

Total Hours of Supervision _____

Fax your timesheet to Mercy Care Rome after the first week is completed!

Week 2

Day	Date	Start Time	Lunch Out	Lunch In	End Time	Community Service Hrs.	Other Hrs.	Total Hrs.
Sunday							0	
Monday							0	
Tuesday							0	
Wednesday							0	
Thursday							0	
Friday							0	
Saturday							0	

Progress Notes: _____ **SECOND WEEK TOTAL** _____

Total Hours of Supervision _____

TWO WEEK TOTAL _____

Check totals and refax for the second week. Timesheets must have signatures for participant and supervisor.

Participant Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Approving SCSEP Program Staff Signature: _____ Date: _____