

RochesterWorks STEP Time Sheet

Timesheets MUST be signed by both the participant and supervisor.

Worksite _____ **Supervisor** _____
Phone _____ **Email** _____
Intern's Name _____ **Week Ending** _____
 (Please print legibly)

****Lunchtime should not be included in total hours worked****

Day of the Week	Time In	Time Out	Total Hours Worked	Reason for missed work
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL _____

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Note: If scheduled days are missed, please note why next to day. Missed days are expected to be made up within a week.

*Worksite is to fill out **online** timecard <https://monroestep.org/> and save this time sheet while intern is assigned to STEP. Once assignment ends please send all hardcopies to RochesterWorks, 691 St Paul St., Rochester, NY 14605, ATTN: Tammy Hayes.