



**WORKFARE EF TIMESHEET AND EVALUATION**

Client Name:	SSN (Last Four):	CBMS ID:1B
Workfare Site:	Assigned # of Hours:	Due Date:

Timesheet															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Month: \_\_\_\_\_ Total number of hours completed: \_\_\_\_\_

Evaluation						
Criteria						
Performance Factors	Excellent	Very Good	Good	Fair	Needs Improvement	Not Observed
Quantity of Work						
Quality of Work						
Relationship with Supervisor						
Relationship with Co-Workers						
Attitude						
Punctuality						
Overall Performance						

\_\_\_\_\_  
Workfare Supervisor Signature & Date

\_\_\_\_\_  
Client Signature & Date