



Mayor William Peduto

PITTSBURGH SUMMER YOUTH EMPLOYMENT PROGRAM DAILY TIME SHEET

PARTICIPANT'S NAME: _____

ACTIVITY: _____

Paid Work Experience: _____

LAST 4 DIGITS OF SS#: _____

Paid Stipend Activity: _____

WORKSITE: _____

MONTH OF: _____

SUPERVISOR'S NAME: _____

PSYEP COORDINATOR: _____

DAY	DATE	IN TIME	LUNCH OUT	LUNCH IN	OUT TIME	TOTAL HOURS	ENROLLEE INITIALS
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
TOTAL NUMBER OF HOURS							

DAY	DATE	IN TIME	LUNCH OUT	LUNCH IN	OUT TIME	TOTAL HOURS	ENROLLEE INITIALS
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
TOTAL NUMBER OF HOURS							

TOTAL NUMBER OF HOURS THIS PERIOD: _____

THIS IS MY CORRECT NUMBER OF HOURS WORKED: _____

PSYEP PARTICIPANT'S SIGNATURE

I CERTIFY THAT THE ABOVE TIME GIVEN IS TRUE AND ACCURATE: _____

SUPERVISOR'S SIGNATURE

ALL TIMESHEETS MUST BE SIGNED AND TURNED IN PROMPTLY TO INSURE THE TIMELY INSURANCE OF PAYCHECKS, VOUCHERS AND SPECIAL ALLOWANCES.