



Grayson County Center
 2415 South Austin Avenue, Suite 105
 Denison, TX 75020
 (903) 463-9997 fax (903) 463-3073

Cooke County Center
 900 North Grand Avenue, Suite 103
 Gainesville, TX 76240
 (940) 665-1121 fax (940) 668-2366

Fannin County Center
 1205 B East Sam Rayburn Drive
 Bonham, TX 75418
 (903) 583-9544 fax (903) 583-9518

Workforce Solutions Texoma is an equal opportunity employer/program.
 Auxiliary aids and services are available upon request to individuals with
 disabilities. Hearing impaired, please call 711.

Time and Attendance Record

****Work Experience Program****

Instructions: Print in ink or type. Do not use white-out. To make corrections, mark a single line through the mistake. Make corrections. Then, both the supervisor and the employee must initial the corrections.

- Timesheets will be returned if: not signed, illegible, incomplete, not properly corrected or initialed, completed in pencil, white-out is used and/or have scribble marks.
- Payment will be delayed until corrected timesheet is received.
- **NO OVERTIME ALLOWED.** The worksite will be responsible for time over 40 hours in one week.

Employee Name: _____ Employee SSN : ###-##-____ Job Title: _____

Worksite: _____ Supervisor Name: _____ Telephone: (____) _____

Pay Period Date From: ____/____/____ To: ____/____/____

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
DATE														
IN														
OUT														
IN														
OUT														
IN														
OUT														
IN														
OUT														
Workforce Solutions Texoma Use Only														
Total														
Check One:	<input type="checkbox"/> ISY <input type="checkbox"/> OSY <input type="checkbox"/> Adult <input type="checkbox"/> DW <input type="checkbox"/> TANF-Youth <input type="checkbox"/> TANF-SNAP <input type="checkbox"/> Other: _____											Pay Period Hours Total:		

INCOMPLETE TIMESHEETS WILL NOT BE PAID

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Career Specialist Signature _____ Date _____

WFT Manager Signature _____ Date _____

TWDB Use Only	Check #	Check Date	GL Code	Grant #	Initials