

WORKFARE/WORK EXPERIENCE PROGRAM

TIME SHEET and EVALUATION

_____	COMPLY
_____	ABAWD 3 rd TIK

**Note: This form was printed from coemploymentfirst.org. Please verify its accuracy.*

PARTICIPANT NAME	SSN	CBMS CASE #
SPONSOR	EXPECTED NUMBER OF HOURS	DUE DATE

TIMESHEET

Enter the number of hours worked each day during the report period.

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	

FROM _____ DATE TO _____ DATE TOTAL HOURS _____

EVALUATION

PERFORMANCE FACTORS:	CRITERIA					
	CONSISTENTLY EXCEEDS WHAT IS EXPECTED	FREQUENTLY EXCEEDS WHAT IS EXPECTED	CONSISTENTLY ACHIEVES WHAT IS EXPECTED	OCCASIONALLY FAILS TO ACHIEVE WHAT IS EXPECTED	CONSISTENTLY FAILS TO ACHIEVE	NOT OBSERVED
1. Quantity of work						
2. Quality of work						
3. Relationship with Supervisor						
4. Relationship with Co-Workers						
5. Attitude						
6. Punctuality						
7. Overall Performance						

COMMENTS: _____

Worksite Supervisor Signature Date Participant Signature Date