

**NORTH CAROLINA  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
MONTHLY TIMESHEET**

Participant: \_\_\_\_\_

Month \_\_\_\_\_

Host Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Community  
Service Federal

| Date | Time In | Time Out | Hours | Holidays | Training | OJE | TOTAL |
|------|---------|----------|-------|----------|----------|-----|-------|
| 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 |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |

\_\_\_\_\_  
Participant Signature                      Date

**In-Kind Hours**

Week 1: \_\_\_\_ Week 3: \_\_\_\_

\_\_\_\_\_  
Supervisor Signature                      Date

Week 2: \_\_\_\_ Week 4: \_\_\_\_