

West Kentucky Workforce Board
NDWG Timesheet - Temporary Employment for Provision of Humanitarian Aid
Workforce Innovation and Opportunity Act (WIOA) Title I Program

Your Name: _____ Your WC# _____ Your County _____

Your Worksite/Location: _____ Beginning date of pay period: _____ Ending date of pay period: _____

REMINDERS:

- 1). List all times on the **quarter, half hour or whole hour**. You **DO NOT** get paid for your lunch break, subtract that time from the hours worked each day.
- 2). You must take at least a **thirty (30) minute lunch break** if you are: (a) **Under 18 and work 5 hours** or longer, or (b) **18 years old**, or older and work **6 hours** or longer.
- 3). **NO OVERTIME**. Hours worked should be in accordance with applicable KY labor laws and or child labor laws, as applicable.
- 4). If you make a mistake, **DO NOT** use white out to correct the mistake. **Draw a line through it and you and your supervisor must initial the change.**

WORK WEEK 1

Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____
Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____

week total _____

WORK WEEK 2

Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____	Lunch Out: _____
Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____	Lunch In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____	Hours Worked: _____

week total _____

WKWB USE ONLY**TOTAL HOURS AVAILABLE:**

(Hours participant is eligible to work) _____

TOTAL HOURS WORKED:

(Not to exceed 40 hours in each seven day work week) _____

TOTAL HOURS REMAINING:

(Balance of hours at the end of this pay period) _____

WORK CODE: _____

I certify that the information I entered above, corrected or approved is correct and complete by affixing my signature below in **blue ink**

(Must be signed by all parties below. Form is **incomplete** and you cannot be paid without **all** signatures.)

Participant's (Your own) signature_____
Worksite Supervisor's signature_____
Coordinator's Approval signature