

**FIRST-TO-WORK PROGRAM  
TIMESHEET/EVALUATION FORM**

Community Work Experience

Community Service Program

**TRAINEE:**

**REPORT MONTH:**

**PARTICIPATING AGENCY:**

**MAXIMUM WORK  
HOURS FOR MONTH:**

**TRAINEE'S POSITION TITLE:**

**POSITION SUBJECT TO FLSA:**  
 Yes  No

<b>PARTICIPANT EVALUATION</b>		
We appreciate your cooperation in carefully rating the participant's traits and skills using the criteria listed below. Please discuss this evaluation with the participant. Both the site supervisor and participant must sign at the bottom and return it to the First-to-Work Unit listed below.		
<i>RATING SCALE:      Good = 3 pts                      Average = 2 pts                      Needs Improvement = 1 pt</i>		
Criteria	Rating	Comments
1. Acceptance of responsibility		
2. Displays initiative in his/her work		
3. Tact, courtesy, cooperation, relationships with other employees		
4. Degree of accuracy (thorough and efficient)		
5. Promptness in reporting to work and overall attendance (See below)		
6. Personal grooming and appearance		
7. Conduct and attitude (uses good judgement)		
8. Skills used on the job (job knowledge)		

**ATTENDANCE:** Please certify the actual hours of work performed by the participant on the specific date.

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

**TOTAL ACTUAL HOURS FOR THE MONTH:** \_\_\_\_\_

\_\_\_\_\_  
**Site Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Trainee's Signature**

\_\_\_\_\_  
**Date**

FTW Unit Address (stamp) :