

First-to-Work Program  
**TIMESHEET/EVALUATION FORM**

Community Work Experience

Community Service Program

Report Month and Year: \_\_\_\_\_ Due Date: \_\_\_\_\_

Participant: \_\_\_\_\_ Participating Agency: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Subject to FLSA Deeming? Y/N Max Hrs per Week: \_\_\_\_\_

<b>ATTENDANCE: Please certify the actual hours of work performed by the participant on the specific date.</b>										
<input type="checkbox"/>	Week 1		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hrs for Wk 1
		Hrs/day								
		Date (mm/dd)								
<input type="checkbox"/>	Week 2		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hrs for Wk 2
		Hrs/day								
		Date (mm/dd)								
<input type="checkbox"/>	Week 3		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hrs for Wk 3
		Hrs/day								
		Date (mm/dd)								
<input type="checkbox"/>	Week 4		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hrs for Wk 4
		Hrs/day								
		Date (mm/dd)								
<input type="checkbox"/>	Week 5		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hrs for Wk 5
		Hrs/day								
		Date (mm/dd)								
<b>Total Hours for the Month:</b>										

<b>EVALUATION: Please rate the participant using the criteria listed below and discuss with the participant.</b>		
Criteria	Rating	Comments
Promptness and overall attendance	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Acceptance of responsibility	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Displays initiative in his/her work	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Conduct and attitude (uses good judgment)	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/>	
Relationship with others (teamwork)	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Degree of accuracy (thorough and efficient)	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Skills used on the job (job knowledge)	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	
Personal grooming and appearance	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor	

**By signing below, I certify that all information above is true and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

FTW Unit Address (stamp) and the designated worker: