

**West Virginia Department of Health and Human Resources**  
**Division of Family Assistance**  
**Participant Time Sheet**



Month/Year: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
 PIN No.: \_\_\_\_\_  
 Work/Training Site: \_\_\_\_\_

Month/Day	Work/Training Hours/Minutes	Miles/Day	Reason for Absence
<b>TOTAL</b>			

Site Supervisor's Name: \_\_\_\_\_  
 Site Supervisor's Phone No.: \_\_\_\_\_  
 WP Activity Code: \_\_\_\_\_ Contract No.: \_\_\_\_\_

**TO BE COMPLETED BY THE PARTICIPANT'S SUPERVISOR**

Work/Study Habits:  Good  Satisfactory  Needs Improvement  
**Supervisor's Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY THE PARTICIPANT**

I agree  I disagree with the evaluation of my performance.  
**Participant's Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification:** I certify that the information on this form is correct to the best of my knowledge and the statements are made in good faith. I know that federal funds are involved and penalties are prescribed by law for willful misrepresentation of facts in order to obtain payments or services.

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