

NORTHWEST PRIVATE INDUSTRY COUNCIL

1730 University Avenue
Crookston, MN 56716

~ PARTICIPANT TIME RECORD FORM ~

READ INSTRUCTIONS ON BACK SIDE. COMPLETE IN FULL OR PAYMENT WILL NOT BE MADE.

The name on the application, W-4 form and this time card must be the same as the name you have registered on your Social Security Card. Do not use nicknames or abbreviated names.

Last Name _____ First Name _____

Worksite Name _____ Total Hours Worked _____ . _____

Last hours for proper pay period only

DATES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS WORKED:																
DATES	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS WORKED:																

EMPLOYEE SIGNATURE: _____ DATE: _____

WORKSITE SUPERVISOR: _____ DATE: _____

OFFICE USE ONLY

Program Code _____ Total Hours _____

Program Code _____ Total Hours _____

NWPIC Approval _____ Total Hours _____

INSTRUCTIONS

Please complete all items to insure payment.

PAY PERIOD ENDING: All Work Training employees are paid every two weeks. PLEASE RECORD PROPER PAY PERIOD ENDING DATE FOR THE HOURS YOU ARE CLAIMING.

Program Providers **will mail or fax** Work Training time sheets to the Northwest Private Industry Council by NOON the Monday following the end of the two week pay period. Program Providers are NOT to mail time sheets to the NWPIC that have been faxed.

Time sheets may be mailed to the following address:

NORTHWEST PRIVATE INDUSTRY COUNCIL
1730 University Avenue
Crookston, MN 56716
Attn: Suzan Gagner

Time sheets may be faxed to the following fax number:

218-281-6025
Northwest Private Industry Council
Attn: Suzan Gagner

It is important that program provider staff make work experience participants aware of the payroll schedule and the procedures to be followed in submitting time sheets to the NWPIC for payment. In particular, program provider staffs are to inform participants of the consequences of not submitting time sheets on a timely basis. Paychecks **without** an automatic deposit form on file will be mailed on the first Friday after payroll is processed. Paychecks **with** an automatic deposit form on file will be deposited into accounts on the first Thursday after payroll is processed.

NOTE: It is the responsibility of each participant to see that their time sheets are completed and submitted by the required dates. Time sheets that are submitted late may not be paid on the scheduled date.

EMPLOYEE'S NAME: Please use the identical name that appears on your SOCIAL SECURITY CARD. Indicate name changes on the Time Record form and notify your WIA center of the change.

EMPLOYEE'S SIGNATURE: The Time Record form **MUST** be **SIGNED** by the employee before a check will be issued. (DO NOT PRINT, unless unable to do otherwise.)

WORKSITE SUPERVISOR: The Time Record form **MUST** be **SIGNED** by the supervisor to verify hours worked before a check will be issued.

WORKSITE ADDRESS: Address of employee's actually work station (used for manual check distribution)

DISTRIBUTION: Retain a copy of this form for the participant's file. A copy may also be given to the participant. Other copy or original should be sent to the Northwest Private Industry Council via fax or postal mail.