ND Senior Career Development

1041 State Ave, Dickinson
Phone 701 456 1128
Fax 701 456 1199
Email ndsenior.careerdevelopment@aol.com

Pay Period Ending Saturday (See Calendar)
MM DD YY

__ - __ - __ State ND E-Mail

Participant ID (See Pay Stub)

Participant Contact Phone Number

Participant First Name (ALL CAPS)

Participant Last Name (ALL CAPS)

Host Agency Training Site ID

Host Agency Training Site Contact Phone Number

Host Agency Training Site Name (ALL CAPS)

Host Agency Training Site Supervisor First Name (ALL CAPS)

Host Agency Training Site Supervisor Last Name (ALL CAPS)

Date MM DD YY	At Host Agency HR MIN	Non-Host Agency HR MIN
SUN __-__-__	__:__	__:__
MON __-__-__	__:__	__:__
TUE __-__-__	__:__	__:__
WED __-__-__	__:__	__:__
THU __-__-__	__:__	__:__
FRI __-__-__	__:__	__:__
SAT __-__-__	__:__	__:__
SUN __-__-__	__:__	__:__
MON __-__-__	__:__	__:__
TUE __-__-__	__:__	__:__
WED __-__-__	__:__	__:__
THU __-__-__	__:__	__:__
FRI __-__-__	__:__	__:__
SAT __-__-__	__:__	__:__
Total Hours to be Paid	__:__	__:__

Description of Non-Host Agency Training Hours

Comments

Time Sheet Certification:

I certify that the information supplied above is accurate.

Contact Service Center to update contact info

Participant Signature (REQUIRED)

Hours Spent Supervising Participant (REQUIRED)

SUPERVISOR HOURS __:__

Host Agency/Training Site Supervisor Signature (REQUIRED)