

ACCA
 135 Hoyt Street
 Athens, GA 30601
 FAX: 706-608-8297

SCSEP Participant Timesheet

(Community Service and Off-site training)

Attention: Lydia Hall

Participant Name: _____ Title: _____

Host Fax: _____ Participant phone: _____

Host Agency: _____ Host Phone: _____

Week 1

Date	Start Time	Lunch Out	Lunch In	End Time	Community Service Hrs.	Off-site Training Hrs.	Total Hrs.
FIRST WEEK TOTALS:							

Progress Notes: _____

_____ Total Hours of Supervision:

Week 2

Date	Start Time	Lunch Out	Lunch In	End Time	Community Service Hrs.	Off-site Training Hrs.	Total Hrs.
SECOND WEEK TOTALS:							

Progress Notes: _____

_____ Total Hours of Supervision

Check your timesheet totals and fax to 706-608-8297 WITH SIGNATURES at the end of the second week.

TWO WEEK TOTALS

Participant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Receiving SCSEP Staff: _____ Date: _____