Workforce Innovation and Opportunity Act (WIOA)
Internship/Work Experience Timesheet

VIRGINIA CAREER WORKS
PIEDMONT REGION
A proud partner of the americanjobcenter network

Name: ____________________ **Account Code:** ____________________

Street Address: ____________________ **Pay Period:** ____________________

City, State, Zip: ____________________ **Worksite:** ____________________

☐ Please check here for change of address.

Activity: ○ Internship ○ Summer Employment ○ Work Experience

Date		Start	Stop		Start	Stop		Total Hours
					Grand Total:			

COMMENTS:

HOURS ASSIGNED	HOURS WORKED THIS PERIOD	TOTAL HOURS WORKED TO DATE	REMAINING HOURS

TOTAL HOURS	X	HOURLY RATE	=	GROSS PAY

☐ Please check here for last period worked at host agency.

Last Date Worked: ____________________

Note:

1. All signatures must be authentic.
2. This form must be completed in ink.
3. All changes to the above must be explained, initialed, and dated by the Program Operator representative, worksite supervisor, participant, as appropriate.
4. The two **"start - stop" columns must be used for minors under 16 years of age** in order to designate the free-from-duty period.

Employee Certification

I certify that I have worked in the program for the total hours indicated above and request payment.

Signature of Participant ____________________ Date: ____________________

Worksite Supervisor Certification

I certify that the above-named individual participated in the program, the total hours to be paid have been verified, and the participant is entitled to payment.

Signature of Supervisor ____________________ Date: ____________________

Program Operator Certification

I certify that the above-named individual is a participant and is entitled to payment as indicated above.

Signature of Program Operator Representative ____________________ Date: ____________________

Payment Approval Certification

I certify that the above timesheet has been reviewed and approved for payment.

Signature of Director ____________________ Date: ____________________