VIRGINIA CAREER WORKS

PIEDMONT REGION

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

**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 |
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| | | | | | | | 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: _____