UNITED INDIAN NATIONS, INC.

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# CUSTOMER TIME SHEET

CLASS:_____

| DAY | DATE | TIME IN | TIME OUT | TOTAL |
|---|---|---|---|---|
| SAT | | | | |
| SUN | | | | |
| MON | | | | |
| TUE | | | | |
| WED | | | | |
| THUR | | | | |
| FRI | | | | |
| SAT | | | | |
| SUN | | | | |
| MON | | | | |
| TUE | | | | |
| WED | | | | |
| THUR | | | | |
| FRI | | | | |
| | | | TOTAL | |

CUSTOMER NAME

ADDRESS

CITY, STATE, ZIP CODE

**EVALUATION**

Supervisor must describe the Customer's progress and performance every pay period in the boxes that are applicable.

| | POOR | FAIR | GOOD | ABOVE AVERAGE | EXCELLENT |
|---|---|---|---|---|---|
| Quality of Work | | | | | |
| Quantity | | | | | |
| Attendance/ Punctuality | | | | | |
| Personal Appearance | | | | | |
| Initiative | | | | | |
| Dependability | | | | | |
| Response to Instruction | | | | | |
| Tolerance for Criticism | | | | | |

REMARKS: _____

PROGRAM ACTIVITY:_____

RATE OF PAY: _____

**SIGNATURES**

1. All signatures should be original and in blue/black ink.
2. Submission of an inaccurate or fraudulent Time Sheet may constitute grounds for disciplinary action or termination.
3. Customer must declare any payments from grants, public assistance or unemployment compensation during pay period.

☐ Cal Works/GA/TANF $_____
☐ Unemployment Insurance $_____
☐ SSI $_____
☐ Employment Earnings $_____
☐ Other $_____
☐ None

CUSTOMER SIGNATURE DATE

SITE SUPERVISOR/ALTERNATIVE SIGNATURE DATE

APPROVED-FINANCE DEPARTMENT SIGNATURE DATE

UIN REPRESENTATIVE SIGNATURE DATE

WIA COORDINATOR SIGNATURE DATE

**United Indian Nations, Inc. (For Fiscal Dept. Use Only)**