

INTER-COUNTY COMMUNITY COUNCIL

NAME OF WORKSITE: _____ CITY: _____

MAIL TIME SHEET TO: **INTER-COUNTY COMMUNITY COUNCIL**
ATTN: EMPLOYMENT PROGRAMS
PO BOX 189
OKLEE, MN 56742



FAX TO: **218-796-5175**

SCAN AND EMAIL TO: **EMPLOYMENT@INTERCOUNTYCC.ORG**

PARTICIPANT NAME: _____ PAY PERIOD ENDING: _____

PARTICIPANT ADDRESS: _____
STREET (PO BOX) (RR BOX) CITY ZIP

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
MONTH & DATE														
HOURS WORKED														

TOTAL HOURS WORKED: _____

SIGNATURE OF PARTICIPANT

SIGNATURE OF SUPERVISOR

PERFORMANCE EVALUATION

COMPETENCY AREA	IMPROVEMENT NEEDED	SATISFACTORY	EXCELLENT
PUNCTUALITY (TIMELINESS)			
ATTENDANCE			
ATTITUDE			
• TAKES INITIATIVE			
• ACCEPTS AUTHORITY			
• IS COOPERATIVE			
• RELIABLE IN WORK SITUATIONS			
• ACCEPTS RESPONSIBILITY			
APPEARANCE			
• SHOWS ADEQUATE HYGEINE			
• DRESSES APPROPRIATELY			
• IS NEAT IN APPEARANCE			
RELATIONSHIP WITH OTHERS			
• GETS ALONG WITH CO-WORKERS			
• GETS ALONG WITH SUPERVISOR			
• ACCEPTS CONSTRUCTIVE CRITICISM			
• WORKS WITHOUT DISTRACTING OTHERS			
TASK COMPLETION			
• IS RELIABLE			
• FOLLOWS DIRECTIONS			
• MANAGES TIME APPROPRIATELY			
• FINISHES ASSIGNMENTS ON TIME			
• ASKS FOR ASSISTANCE WHEN NEEDED			
• IS EFFECTIVE AND EFFICIENT			

OFFICE PERSONNEL ONLY

EMPLOYEE # _____

PAYROLL CODE _____

TOTAL HOURS _____

EMPLOYEE # _____

PAYROLL CODE _____

TOTAL HOURS _____

STAFF INITIALS _____

Example of hours:
 3 hrs, 22 min=3.25
 3 hrs, 23 min=3.50
 3 hrs, 52 min=3.75
 3 hrs, 53 min=4.00

SUPERVISOR COMMENTS: _____