American Indian Center of Arkansas
1100 N. University, Ste. 143, Little Rock, AR 72207-6344
Senior Community Service Employment Program

TRAINEE:
Name:_____ Employee ID _____
Mailing Address: _____ Phone#:_____
☐ New Mailing Address: _____

HOST:
Host Agency:_____
Supervisor's Name: _____ Phone: _____ Fax: _____

Supervisor: Please provide the **Pay Period Dates, Total Hours, daily hours** and **Supervisory In-Kind hours** where indicated below. **PLEASE MAKE MORE COPIES FOR FUTURE PAY PERIODS**
PAY PERIODS ARE: 1ST – 15TH AND 16TH – LAST DAY OF THE MONTH

Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.

PAY PERIOD DATES
_____ TO _____

TOTAL HOURS FOR PAY PERIOD_____

H – Holiday; S- Sick; V-Vacation; IC- Inclement Weather (Please indicate why absent from work)
***Trainee will NOT be paid for the hours missed for Sick, Vacation or Inclement Weather. Trainee will be paid for recognized Holidays (see list on Timesheet Guidelines) if they were scheduled to work that day -- according to their Training plan.**

CLIENT EVALUATION REPORT (Supervisor must complete every pay period)	***Rate: 1 to 5 (with 5 being the highest)
Attendance	5 4 3 2 1
Punctuality	5 4 3 2 1
Quality of Work	5 4 3 2 1
Willingness to Work	5 4 3 2 1
Follows Instruction	5 4 3 2 1
Shows Initiative	5 4 3 2 1
Accepts Correction	5 4 3 2 1
Relationship with others	5 4 3 2 1
Personal Appearance	5 4 3 2 1

VERIFICATION: (PLEASE SIGN IN INK)

_____
TRAINEE'S SIGNATURE (type name as signature)

Supervisory In-Kind: Supervisors actual number of hours' trainee was supervised during the pay period. Number of hours supervised: _____ (supervisors can only contribute up to 10 hours per pay period). I certify that time was provided to the SCSEP trainee during the Pay Period as a contribution to this project.

_____
TRAINING SUPERVISOR'S SIGNATURE

SCSEP USE:

Reviewed by: _____
SCSEP Program Manager

APPROVED DISAPPROVED*

_____
AIC-SCSEP DIRECTOR SIGNATURE

*** Client hours should reflect original Training Plan. If client hours differ than Training Plan, please indicate why.**
***IF Evaluation Rate is less than 3, please comment why and a meeting will be scheduled with client.**
Comments:_____
_____

FAX: 1-501-666-5875