



Pre-Employment Transition

Work Based Learning Experience Time Sheet

Team ID _____

Client Name _____

SSN: XXX-XXX-_____

Address _____

Pay Period From: _____

To: _____

City, State, Zip _____

Company Name _____

Pay period must begin on a Monday

Date							
Total Hours							

Total Hours.

Date							
Total Hours							

Total Hours.

I certify that the hours shown are a true and accurate representation of time worked by me.

Client Signature

Date

I certify that the hours shown are a true and accurate representation of time worked by the trainee as authorized.

Worksite Supervisor/Trainer Signature

Date

Nebraska VR Signature

Date

Upon completion, please keep one copy and immediately send original to:

NDE accounting Amount Paid \$	
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Accounting Clerk Signature