



## OJE/TWE Timesheet

Applicant/Client: \_\_\_\_\_ SSN: xxx-xx- \_\_\_\_\_  
Address: \_\_\_\_\_ Pay Period From: \_\_\_\_\_  
To: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Placement Type: ☐ OJE ☐ TWE  
Business Name: \_\_\_\_\_ ☐ Paid ☐ Non-Paid

Record number of hours worked per day.

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.

\_\_\_\_\_  
Applicant/Client Signature

\_\_\_\_\_  
Date

<-- Please Note: Date signed must be on or after the last recorded date worked.)

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 \$

NDE Accounting Signature