



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

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 \$	
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NDE Accounting Signature