



**EMPOWER Program**  
 Wolfe Ed. Center, Bldg. W12  
 732 W. 13th Street, Merced, CA 95341



## WORK EXPERIENCE TIME CARD

**Office: (209) 381-5926 / MCOE FAX: (209) 381-5992**

Check Advisor name:  Rebecca Lincoln     Jesus Cisneros     Sherri Johnson  
 Robert Rivera     Guadalupe Gutierrez     Susana Cruz

**Participant Name:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_

**Training Site:** \_\_\_\_\_ **Pay Period:** \_\_\_\_\_ **TO** \_\_\_\_\_

DAY	MO/DAY/YR	HOURS ATTENDED	DAY	MO/DAY/YR	HOURS ATTENDED	DAY	MO/DAY/YR	HOURS ATTENDED
*****	*****	*****	*****	*****	*****	Sunday		
Sunday			Sunday			Monday	*****	*****
Monday			Monday			Tuesday	*****	*****
Tuesday			Tuesday			Wednesday	*****	*****
Wednesday			Wednesday			Thursday	*****	*****
Thursday			Thursday			Friday	*****	*****
Friday			Friday			Saturday	*****	*****
Saturday			Saturday			Sunday	*****	*****
<b>TOTAL HOURS THIS WEEK:</b>			<b>TOTAL HOURS THIS WEEK:</b>			<b>TOTAL HOURS THIS WEEK:</b>		

**PERIOD TOTAL:** \_\_\_\_\_

**NOTE: Please confine the time increments to half or whole hours only. Do not put "0" in hours attended space.**

Place the following code under Hours Attended if applicable: H - Holiday, EA - Excused Absence, V-Vacation, N/C - No Classes, UA - Unexcused Absence, Sick - (Please do not enter "S" as it looks like "5").

California Labor Code: A rest period of 15 minutes must be granted in the middle of each 4 hours work period. Unpaid meal period of at least 30 minutes must be granted for shifts worked in excess of 5 hours.

### PARTICIPANT EVALUATION

**CHECK EACH ITEM BELOW:**

	EXCELLENT	GOOD	ACCEPTABLE	NEEDS COUNSELING
Punctuality at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward site supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide in the comment section any information pertinent to the participant's progress at the worksite and any areas of concern or counseling that has taken place during this period.

**COMMENT SECTION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Participant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Site Supervisor's Signature

\_\_\_\_\_ Date