## sdwp_logo

## **San Diego Workforce Partnership Expanded Subsidized Employment Verification of Hours**

### Please attach to invoice

Participant Name: Agreement #:

**Time Worked/Payroll Certification**

For the employment period indicated below, I hereby certify I have worked and been paid for the days and hours included on the calendar below:

|  |  |
| --- | --- |
|  |  |
| Participant Signature | Date |
|  |  |
|  |  |
| Employer Signature | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Hours Worked: | Hourly Rate: |  |  |

**Directions**: Enter number of hours worked for each calendar day that falls within the employment period

**[Excluding Holidays (mark H) and Sick Leave (mark S)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONTH:** | | **MONTH:** | | **MONTH:** | |
| **DATE:** | **HOURS:** | **DATE:** | **HOURS:** | **DATE:** | **HOURS**: |
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