

FORM L

CITY OF BERLIN
WORKFARE PROGRAM

Time Sheet

Name: _____ Week of: _____

Required Hours:(Maximum)

Day(s) Assigned	Hours Per Day	Type of Work
_____ Monday	_____	_____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____
_____ Saturday	_____	_____
_____ Sunday	_____	_____

Total Hours: _____

Evaluation (Circle One)

Attendance — On Time Poor Fair Good

Attitude toward job Poor Fair Good

Responsibility — Completes Assignment Poor Fair Good

Motivation — Initiates Work to be Done Poor Fair Good

Leadership — Tends to Take Charge of a Poor Fair Good

Working Crew

COMMENTS _____

Supervisor's Signature