

PLEASE FAX TO _____

AT _____

PACE TIMESHEET				
Date Worked	Time In	Time Out	Total Daily Hours	Office use Only
/	:	:		
/	:	:		
/	:	:		
/	:	:		
/	:	:		
/	:	:		
Please round hours to quarterly intervals. i.e. - .00 .25 .50 .75			Total Weekly Hours	

I verify that I have worked the hours listed above:

Trainee Signature: _____

OVR OFFICE USE ONLY
District #: ___ Budget # 8750 Hourly Rate: \$6.25
Counselor: _____
Vendor #: _____
Amount Owed for Week: \$ _____
PACE Cumulative Hours: _____
PACE Hours remaining: _____
_____, OVR PACE Training Supervisor

TRAINEE INFORMATION
Trainee Name: _____
Trainee Address: _____ _____ _____
PACE Site: _____
Job Title: _____

PACE EVALUATION

Attendance/Punctuality

Was the trainee present/on time for all assigned workdays or call in prior to shift with acceptable reason?

- Yes
- No

On a scale of 1-10, please rate the job performance of the trainee with 1 being unacceptable, 5 being average and 10 being outstanding. If there are any specific issues that need addressed, please call me at _____ or email me at _____

Task	Score
Gives best effort and shows initiative/ Doesn't avoid undesirable tasks	/10
Exhibits appropriate workplace behavior/ Gets along well with supervisor and co-workers/Good written/verbal communication	/10
Produces an acceptable volume of work and work is of high quality	/10
Meets standards of dress and grooming and appropriately follows policies (breaks, electronic use policies, safety rules, etc.)	/10
Demonstrates responsibility for own actions and work/ Accepts constructive criticism	/10

Additional Notes:

I verify that the consumer has worked the hours listed on the timesheet.

PACE Site Supervisor Signature