Workforce Investment Board of Southeast Missouri
CAREER ASSISTANCE PROGRAM (CAP)
INCENTIVE BONUS TIMESHEET
Return timesheet to: CAP Case Manager

Timesheet is to be for verification of unsubsidized employment for incentive bonus cards.
*****Please note that incentive cards will be given in lieu of Transportation Related Expenses (TRE).**

PARTICIPANT'S NAME	DCN
ADDRESS	**WEEKLY/MONTHLY REQUIRED HOURS**
EMPLOYER NAME	**START DATE OF EMPLOYMENT**

WEEK 1	Total Hours	WEEK 2	Total Hours	WEEK 3	Total Hours	WEEK 4	Total Hours	WEEK 5	Total Hours

If you did not attend work, enter H if a Holiday, A if you were absent or NS if you were not scheduled.

***Declaration:* I, as the *Employer/Supervisor* (circle one) attest that the information listed above is accurate and true.**

Employer Signature: _____Title:_____

***Declaration*: I, as the *client* declare that the above information is accurate and true. I have completed 30 days of employment and am currently still employed.**

Client Signature: _____ Date:_____

Authorization for Incentive Bonus Card (Case Manager use only):

☐ 30 day employment retention ☐ 60 day employment retention

☐ I, the Case Manager, have reviewed this timesheet and based on the above information client has met eligibility requirements in accordance with the incentive policy.

Case Manager Signature: _____ Date:_____