



W-2 WEEKLY ATTENDANCE TIME SHEET

Customer Name: _____		Case Number: _____		Form Due: EVERY TUESDAY BY 5:00P.M.			
FEP Name: _____		FEP Phone Number: _____		To: MAXIMUS West Central Area 4201 N 27 th Street, 4 th Floor, Milwaukee WI 53216			
				FAX: 414-203-8501			
Activity Description: _____			Provider/Site Name: _____				
Activity Location: _____				Supervisor Telephone Number: _____			
Assigned Days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.			***Travel Time in-between activities must be documented to be counted towards hours of participation.				
Daily Assigned Hours: _____							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Start Time:							
End Time:							
Total Hours Worked:							
Total Hours Scheduled:							
Total Hours Missed:							
Reason for Hours Missed [if any]:							

What I have reported on this form and on any attached documentation is true and accurate. I understand that providing any false information may result in a W-2 payment reduction and/or a Refusal to Participate Sanction and/or an Intentional Program Violation penalty.

Customer Signature

Date Signed

Supervisor/FEP Signature

Date Signed