

## WORK EXPERIENCE PROGRAM (WEP) VERIFICATION FORM

<input type="checkbox"/> CWEP	<input type="checkbox"/> AWEP	____ HRS/FLSA 4-wk	____ HRS/FLSA 5-wk	<input type="checkbox"/> 20 HOURS	<input type="checkbox"/> 30 HOURS	<input type="checkbox"/> OTHER: ____ HRS
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<b>Participant's Name</b>	<b>RID #</b>
<b>Host Site</b>	<b>Host Site Supervisor</b>
<b>NHEP Representative</b>	<b>NHEP Employment Counselor and Office Location</b>

You must give proof of the actual hours you worked each day. All daily blocks must be filled in before the Host Site supervisor will sign this form, covering a **ONE-week** time period. **This signed, completed form must be returned to the NHEP representative.**

Enter the beginning date of each week, starting on Saturday, and enter the number of hours worked for each day. If you did not work all the hours scheduled, enter the number of hours you did work and then indicate:

- 'N/A' if not scheduled
- 'ABS' for hours absent (for partial hours absent, please indicate both attended and absent hours)
- 'HOL' for when work site is closed due to a holiday

WEEK BEGINNING:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	
<b>EXAMPLE:</b>	# of Hours N/A	# of Hours N/A	# of Hours 4	# of Hours 4	# of Hours 2 2 ABS	# of Hours 4	# of Hours 4	<b>WEEKLY HOURS:</b> 18 2 ABS
# of Hours	# of Hours	# of Hours	# of Hours	# of Hours	# of Hours	# of Hours	# of Hours	<b>WEEKLY HOURS:</b>

Please state the reason(s) for any **hours absent** and attach verification: \_\_\_\_\_

<b>WEP Participant's Signature</b>	<b>Date</b>	
<b>I verify that the above hours were monitored and supervised at the Host Site and are recorded accurately.</b>		
<b>Host Site Supervisor's Signature</b>	<b>Printed Name</b>	<b>Date</b>

**Comments:** \_\_\_\_\_