

Forsyth County Accountability Courts Proof of Employment Time Sheet

Circle One: C.A.R.E Court Drug Court DUI Court Family Dependency Treatment Court

Name: _____ **Due Date:** _____

<u>Company Name:</u>

<u>Circle Which Applies:</u>
W-2 Employee 1099 Employee Self-Employed

Week 1			
Week Starting:			
Week Ending:			
Day:	Date:	Time-in:	Time-out:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
EXTRA			
EXTRA			
EXTRA			
EXTRA			
Total Hours for Week 1:			

Week 2			
Week Starting:			
Week Ending:			
Day:	Date:	Time-in:	Time-out:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
EXTRA			
EXTRA			
EXTRA			
EXTRA			
Total Hours for Week 2:			

Week 3			
Week Starting:			
Week Ending:			
Day:	Date:	Time-in:	Time-out:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
EXTRA			
EXTRA			
EXTRA			
EXTRA			
Total Hours for Week 3:			

Week 4			
Week Starting:			
Week Ending:			
Day:	Date:	Time-in:	Time-out:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
EXTRA			
EXTRA			
EXTRA			
EXTRA			
Total Hours for Week 4:			

I represent that the above information is true and correct, under penalty of perjury, and that for the above pay period, I am either a W-2 employee, 1099 employee, or self-employed. I understand that I must report any changes to my employment status to the Accountability Courts office within 72 hours. I understand that I may be required to provide further documentation of my employment at any time upon request of the Accountability Courts staff. I further understand that failure to provide this information to the Court will result in a sanction from the Court, and that failure to provide truthful information may result in my termination, a revocation of my sentence, and/or new criminal charges.

Participant Signature: _____

Date: _____