Ohio Youth Works Program

Ohio Youth Works Program
Payroll Submission

Organization Name _____ _____

Supervisor Signature _____

Week ending _____-

Name of Participant	Number of Hours Worked

Cohort Ending Date _____

Please submit this form via email to dwawrzyniak@pathwaytoledo.org or fax 419-244-8820 by Monday at noon. **The original time sheets must be maintained and will be picked up weekly by the job coach**.