



Community Service/ Work Experience Attendance Sheet

Customer Name: _____ *Last Four Digits of SSN: ***-**-_____

Agency Name: _____ Job Title: _____

Customer is assigned to _____ number of hours per month. Not to exceed this amount.

This calculates into the following number of hours per week:

Week 1	Week 2	Week 3	Week 4	Week 5
Monday _____	Monday _____	Monday _____	Monday _____	Monday _____
Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____

Career Specialist: _____ Phone #: _____

Please fax completed time sheets to: _____

*****This attendance sheet must be submitted Fridays by 5:00pm*****

To be completed by the Agency Supervisor:

This attendance time sheet is being completed for Monday ____/____/____ to Sunday ____/____/____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours Worked								

Customers progress (Please check all that apply):

- Appropriately Dressed
 Arriving On Time
 Good attendance
 Excellent Customer Service
 Positive Attitude
 Creative
 Accepts Responsibility
 Approachable
 Flexible
 Works Independently
 Trustworthy
 Excessive absences
 Arriving late
 Behavior issues
 Inappropriately dressed
 Requesting conference with staff.

Comments: _____

Supervisor's Name _____ Supervisor's Signature _____ / / _____ Office Phone _____