



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 week.

Case Manager: _____ Phone #: _____

Please fax completed time sheets to: _____

*****THIS ATTENDANCE SHEET MUST BE SUBMITTED MONDAYS BY 4:00PM*****

To be completed by the Agency Supervisor:

This attendance time sheet is being completed 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
- Accepts Responsibility Creative Approachable Flexible Works Independently Trustworthy
- Excessive Absences Arriving Late Behavior Issues Inappropriately Dresses Requesting Conference w/ staff

Comments: _____

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____ Phone #: _____

