

Customer Name:_____



Last four digits of SSN: ***-**-

Community Service / Work Experience Attendance Sheet

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 / /										
This attend										
Hours	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:										
Con	nments:									
									·	
Supervisor's Name:					Date:					
Supervisor's Signature:					Phone #:					

Workforce Connection is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.