



Participant's Name: _____
 Agency Name: _____ Case Manager: _____
 Job Title: _____ Phone Number: _____
 Assigned weekly Hours: _____ Please fax completed attendance sheet to: _____

Scheduled Days: _____
 Scheduled Hours: _____:_____ am/pm to _____:_____ am/pm
 Participant's allotted time for meal: _____ Hour (i.e., 1 hour, ½ hour)

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

Social Security # (Last 4): ***_**-_____							Period Beginning: _____	Period Ending: _____
	MON	TUE	WED	THUR	FRI	SAT	SUN	
DATE								
HOURS AT WORKSITE								
MINUS MEAL BREAK								
ACTUAL HOURS WORKED								
Participants should make copies of all signed Attendance Sheets to avoid future discrepancies For days sick or absent, please put "0" in the "Hours". Do not leave it blank							TOTAL HOURS WORKED:	

Please complete the following evaluation

Attendance/Punctuality

- ALWAYS FREQUENTLY SELDOM NEVER
 ALWAYS FREQUENTLY SELDOM NEVER

Appearance

- Appropriate dress for work** POOR FAIR GOOD EXCELLENT

Overall Attitude

- Towards Supervisors** POOR FAIR GOOD EXCELLENT
Towards Co-Workers POOR FAIR GOOD EXCELLENT
Towards Training (site) POOR FAIR GOOD EXCELLENT

Overall Performance

- Quality of Work** POOR FAIR GOOD EXCELLENT
Follows Directions POOR FAIR GOOD EXCELLENT
Shows Improvements POOR FAIR GOOD EXCELLENT

Additional Comments

*** THIS ATTENDANCE SHEET MUST BE SUBMITTED MONDAYS BY 4:00 PM. ALL AREAS MUST BE COMPLETED ***

SUPERVISOR SIGNATURE: _____

PRINT NAME: _____

DATE: _____

*By signing this attendance sheet the supervisor is confirming the accuracy of the hour represented above.

For additional attendance sheets, email request to workexperience@clmworkforce.com.

