Baltimore City Department of Social Services Weekly Attendance Reporting Form									
Customer's name:			vveer.	Client ID #:			Work Week #: 1		
Vendor:			Work Site Location or Address				FLSA Max. Hrs:		
	Activ	Activity #1 Hours Scheduled			Activity #2 Hours Scheduled			rity #3	Hours Scheduled
Enter date			Customer's						Customer's
<mark>below</mark> Monday	Time In	Time Out	signature	Time In	Time Out	Customer's signature	Time In	Time Out	signature
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Totals	0:00			0:00			0:00		
	Signature of person who supervised these activities:  Print name of activity supervisor:								
Total # o	Total # of Hours for the Week: 0:00 Date of signature: Telephone number:								
Comments:									
D-FIP 3118									

Enter date below Monday  Tuesday  Wednesday  Thursday  Friday Saturday	Baltimore City Department of Social Services										
Nendor:    Vendor:   Work Site Location or Address   Plank   Max. Hrs:											
Vendor:   Work Site Location or Address					Olivert ID #						
Vendor:  Activity #1 Hours Scheduled Activity #2 Hours Scheduled Activity #3 Hours Scheduled  Customer's signature Time In Time Out Signature Time In Time O	name.			Work Site Location		Client ID #:				1	
Enter date below Monday Tuesday Wednesday Trinday Saturday Sunday Weekly Totals Signature of person who supervised these activities:  Customer's signature Time In Time Out Signature Signature Time In Time Out Signature Time In Time Out Signature Signature Time In Time Out Signature Signature Time In Time Out Sign	Vendor:								•		
below Monday Tuesday Wednesday Friday Saturday Sunday Weekly Totals O:00 Signature of person who supervised these activities:  Time In Time Out signature Time In Time Out Signature Time In Time Out Customer's signature Time In Time Out S					Activ	rity #2	Hours Scheduled	Activity #3		Hours Scheduled	
below Monday Tuesday Wednesday Friday Saturday Sunday Weekly Totals O:00 Signature of person who supervised these activities:  Time In Time Out signature Time In Time Out Signature Time In Time Out Customer's signature Time In Time Out S											
Tuesday Wednesday Thursday Friday Saturday Sunday Weekly Totals O:00 Signature of person who supervised these activities:  Print name of activity supervisor:		Time In	Time Out		Time In	Time Out	Customer's signature	Time In	Time Out	Customer's signature	
Wednesday Thursday Friday Saturday Sunday Weekly Totals 0:00 Signature of person who supervised these activities: Print name of activity supervisor:	Monday										
Thursday  Friday  Saturday  Sunday  Weekly Totals  0:00  Signature of person who supervised these activities:  Print name of activity supervisor:	Tuesday										
Friday  Saturday  Sunday  Weekly Totals  0:00  Signature of person who supervised these activities:	Wednesday										
Saturday  Sunday  Weekly Totals  Signature of person who supervised these activities:  Print name of activity supervisor:	Thursday										
Sunday  Weekly Totals  Signature of person who supervised these activities:  D:00  Print name of activity supervisor:	Friday										
Weekly Totals 0:00 0:00  Signature of person who supervised these activities:  Print name of activity supervisor:	Saturday										
Totals 0:00 0:00 0:00  Signature of person who supervised these activities: supervisor:	-										
supervised these activities: supervisor:	-	0:00			0:00			0:00			
Total # of Hours for the Week: 0:00 Date of signature: Telephone number:											
	Total # o	Total # of Hours for the Week:			Date of	Date of signature:			Telephone number:		
Comments:											

Baltimore City Department of Social Services Weekly Attendance Reporting Form									
Customer's			vveek			_	Work		
name: Vendor:			Work Site Location or Address		Client ID #:		Week #: 3 FLSA Max. Hrs:		
	Activity #1 Hours Scheduled			Activity #2 Hours Scheduled			Activity #3		Hours Scheduled
Enter date below	Time In	Time Out	Customer's signature	Time In	Time Out	Customer's signature	Time In	Time Out	Customer's signature
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Totals	0:00			0:00	0:00		0:00		
	Signature of person who supervised these activities:  Print name of activity supervisor:								
Total # c	of Hours for	f Hours for the Week: 0:00 Date of signature: Telephone number:							
Comments:									

Baltimore City Department of Social Services									
Weekly Attendance Reporting Form									
Customer's					<b>A</b> II		Work		
name:			har de O'te I e e etter		Client ID #:		Week #:		1
Vendor:			Work Site Location or Address				FLSA Max. Hrs:		
Vender.	Of Address						WIGA. TITS.		
	Activity #1 Hours Scheduled		Hours Scheduled	Activity #2		Hours Scheduled	Activ	rity #3	Hours Scheduled
Enter date			Customer's						Customer's
below	Time In	Time Out	signature	Time In	Time Out	Customer's signature	Time In	Time Out	signature
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Catulday									
Sunday									
Weekly Totals	0:00			0:00			0:00		
Signature of person who supervised these activities:  Print name of activity supervisor:									
Total # o	# of Hours for the Week:		0:00	Date of signature:			Telepho	ne number:	
Comments:									
D-FIP 3118									

Baltimore City Department of Social Services Weekly Attendance Reporting Form									
Customer's name:			VVCCN	اً	Client ID #:		Work Week #: 5		
Vendor:		Work Site Location or Address					FLSA Max. Hrs:		
	Activi	ity #1	Hours Scheduled	Activity #2 Hours Scheduled			Activity #3		Hours Scheduled
Enter date below	Time In	Time Out	Customer's signature	Time In	Time Out	Customer's signature	Time In	Time Out	Customer's signature
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Totals	Weekly Totals 0:00			0:00			0:00		
Signature of person who supervised these activities:  Print name of activity supervisor:									
Total # of Hours for the Week: 0:00				Date of signature:			Telephone number:		
D-FIP 3118									

## TOTAL HOURS FOR THE MONTH

WK 1	0:00
WK 2	0:00
WK 3	0:00
WK 4	0:00
WK 5	0:00
MONTHLY TOTAL	0:00