

Baltimore City Department of Social Services Weekly Attendance Reporting Form

Customer's name:					Client ID #:					Work Week #:	1	
Vendor:	Work Site Location or Address						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			
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:		
Comments:												

Baltimore City Department of Social Services Weekly Attendance Reporting Form

Customer's name:					Client ID #:					Work Week #:	2			
Vendor:			Work Site Location or Address						FLSA Max. Hrs:					
Enter date below Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Activity #1		Hours Scheduled		Activity #2		Hours Scheduled		Activity #3		Hours Scheduled			
	Time In	Time Out	Customer's signature		Time In	Time Out	Customer's signature		Time In	Time Out	Customer's signature			
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:				
Comments:														

Baltimore City Department of Social Services Weekly Attendance Reporting Form

Customer's name:					Client ID #:					Work Week #:	3	
Vendor:			Work Site Location or Address						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			
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:		
Comments:												

Baltimore City Department of Social Services Weekly Attendance Reporting Form

Customer's name:					Client ID #:					Work Week #:	4	
Vendor:			Work Site Location or Address						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			
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:		
Comments:												

Baltimore City Department of Social Services Weekly Attendance Reporting Form

Customer's name:					Client ID #:					Work Week #:	5	
Vendor:			Work Site Location or Address						FLSA Max. Hrs:			
Enter date below	Activity #1		Hours Scheduled		Activity #2		Hours Scheduled		Activity #3		Hours Scheduled	
	Time In	Time Out	Customer's signature		Time In	Time Out	Customer's signature		Time In	Time Out	Customer's signature	
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:		
Comments:												

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