



Employment

Customer Name: _____

As a participant in Employment you are required to complete the hours assigned and submit documentation of your hours to your Employment Consultant. Please have your supervisor record your hours of attendance below. This time sheet must be returned to your Employment Consultant weekly.

If you have any questions - contact _____ at _____ - _____

This attendance timesheet is being completed for the month of _____, _____

Employer: _____ Location: _____

Instructions: This form is to be completed daily. Enter the total hours for each day and have the supervisor initial the box below the hours noted. The Employment Consultant will total all hours you record.

1=	2=	3=	4=	5=	6=	7=
8=	9=	10=	11=	12=	13=	14=
15=	16=	17=	18=	19=	20=	21=
22=	23=	24=	25=	26=	27=	28=
29=	30=	31=				

The individual noted above completed the hours as recorded.

_____ / ____ / ____
Employer's Name **Employer's Signature** **Date**