

2013 Summer Youth Employment Program

Week Ending:

ROSTER AND ATTENDANCE RECORD

WORK SITE #	HOST / WORK SITE / ADDRESS / PHONE #	SUPERVISOR	I certify that the below entries are true and accurate to the best of my knowledge and belief. Supervisor's Signature:

Enter Participant Last Name, First Name				Last4 SSN: DOB:		Home Phone: Mobile Phone:		Email: Max. Hours:	
							Participant's Signature:		
In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____			
Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____			
Supervisor Use ONLY - Daily Hours							Supervisor Use ONLY		
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours		

Enter Participant Last Name, First Name				Last4 SSN: DOB:		Home Phone: Mobile Phone:		Email: Max. Hours:	
							Participant's Signature:		
In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____			
Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____			
Supervisor Use ONLY - Daily Hours							Supervisor Use ONLY		
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours		

Enter Participant Last Name, First Name				Last4 SSN: DOB:		Home Phone: Mobile Phone:		Email: Max. Hours:	
							Participant's Signature:		
In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____			
Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____			
Supervisor Use ONLY - Daily Hours							Supervisor Use ONLY		
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours		