

2015 Summer Youth Employment Program

Week Ending:

ROSTER AND ATTENDANCE RECORD

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

Enter Participant Last Name, First Name				Last4 SSN:	Home Phone:	Email:
				DOB:	Mobile Phone:	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 Total Hours
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	

Enter Participant Last Name, First Name				Last4 SSN:	Home Phone:	Email:
				DOB:	Mobile Phone:	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 Total Hours
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	

Enter Participant Last Name, First Name				Last4 SSN:	Home Phone:	Email:
				DOB:	Mobile Phone:	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 Total Hours
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	