

2019 Marion S. Barry 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			
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours			
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 30px;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

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			
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours			
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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			
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Total Hours			
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