2020 Marion S. Barry 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: ________ **Out:** ________	**In:** ________ **Out:** ________	**In:** ________ **Out:** ________	**In:** ________ **Out:** ________	**In:** ________ **Out:** ________	**In:** ________ **Out:** ________	**In:** ________ **Out:** ________	
Supervisor Use ONLY - Daily Hours							Supervisor Use ONLY **Total Hours**
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	

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

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