# 2017 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 |