

2018 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: DOB:		Home Phone: Mobile Phone:		Email: Max. Hours:			
									Participant's Signature:		
In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____				
Out: _____	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	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: _____	In: _____				
Out: _____	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	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: _____	In: _____				
Out: _____	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	Daily Hours	Total Hours			