



Community Service/ Work Experience Attendance Sheet

Customer Name: _____

Case #: _____

Agency Name: _____

SSN (Last 4 Digits): _____

Job Title: Volunteer

Customer is assigned to _____ number of hours per week. Not to exceed this 126 for the month.

This calculates into the following number of hours per week:

Week 1	Week 2	Week 3	Week 4	Week 5
Monday //	Monday / /	Monday //	Monday / /	Monday / /
Hours:	Hours:	Hours:	Hours:	Hours:

Career Counselor: Topeka Patrick Phone #: (813) 930 - 7620

Please fax completed time sheets to: 1 (855) 503-2975

*****This attendance sheet must be submitted every Monday by 5:00pm for the previous weeks hours.*****

To be completed by the Agency Supervisor:

This attendance time sheet is being completed for Monday ____/____/15_ to Sunday ____/____/15_

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours Worked								

Customers progress (Please check all that apply):

- Appropriately Dressed Arriving On Time Good Attendance Excellent Customer Service
- Positive Attitude
- Creative Accepts Responsibility Approachable Flexible Works Independently Trustworthy
- Excessive Absences Arriving Late Behavior Issues Inappropriately Dressed Requesting Conference with Staff

Comments: _____

_____ / ____ / ____ () ____ - ____

Supervisor's Name Supervisor's Signature Date Office Phone