



Education/Training Attendance Time Sheet

Participant Name _____

Case Number _____

(Please complete one-time sheet for each non-profit organization or governmental agency where you are working or have worked in the reporting period. **(Your work experience site supervisor MUST sign this form).**)

Name of Non-Profit Organization or Governmental Agency: _____

Address _____

City _____ State _____ Zip Code _____

Community Service Work Experience Site Supervisor: _____

Reporting Month: _____ Year: _____

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | TOTAL WEEKLY HOURS | SITE INITIALS |
|--------|---------|-----------|----------|---------------------------------|----------|--------|--------------------|---------------|
| 1 | 2 | 3 | 4 | 5 Activity due today by 4pm | 6 | 7 | | |
| 8 | 9 | 10 | 11 | 12 Activity due today by 4pm | 13 | 14 | | |
| 15 | 16 | 17 | 18 | 19 Activity due today by 4pm | 20 | 21 | | |
| 22 | 23 | 24 | 25 | 26 Activity due today by 4pm | 27 | 28 | | |
| 29 | 30 | 31 | | | | | | |

BY SIGNING HERE, I AGREE TO PROVIDE _____ WORK EXPERIENCE HOURS (COMPLETED AT AGENCY SHOWN AT TOP) BY APPOINTMENT DATE SHOWN, COMPLETED IN MONTH SHOWN.

Participant Signature: _____

*****PLEASE ATTACH YOUR RECEIPT OR SELF-ATTESTATION FORM*****

COMMENTS: _____ WORK EXPERIENCE HOURS DONE IN

I certify the above-completed hours are correct as listed on this calendar.
This form is due Every Friday no later than 4PM.

Instructor Signature _____ Date _____

Phone Number _____

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