



70116

Worksite Training Attendance Sheet

ATTACHMENT 2

Customer Name: _____ *Last Four Digits of SSN: ***-**-_____

Agency Name: _____ Job Title: _____

Customer is assigned to ____ number of hours per month. Not to exceed this amount.

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:

Employment Counselor: _____ Phone #: _____

Please fax completed time sheets to: _____

*****Attendance sheet must be submitted the following Monday by 4:00pm*****

To be completed by the Agency/Business Representative:

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

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total
Total Hours Worked								

Customers performance / 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.

Performance: Satisfactory Unsatisfactory (Needs Improvement)

Comments: _____

Agency/Business Rep Name Agency/Business Rep Signature: Date: Office Phone:

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