

## 2024 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 <b>Total Hours</b>	
Daily 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: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____		
Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____		
Supervisor Use ONLY - Daily Hours								Supervisor Use ONLY <b>Total Hours</b>	
Daily 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: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____	In: _____		
Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____	Out: _____		
Supervisor Use ONLY - Daily Hours								Supervisor Use ONLY <b>Total Hours</b>	
Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours		