

Community Service/Work Experience Attendance Sheet

To be co	mpeted by Care	eerSource Care	er Advisor						
Partici	Participant Name (Please print legibly)				OSST/RFA #				
Agency Name				Career	Career Advisor				
Participant	is assigned	d to	hours p	er week. No	ot to excee	ed	for the	e month.	
This attendanc	e sheet is b	eing comp	leted for Mo	nday/_	/	to Su	nday]]	
To be comp	oleted by	the Ager	ncy Superv	isor:				_	
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	
Hours Worked									
Customers progr	ess (Please ch	neck all that a	ipply):					·	
 Appropriately Dressed Positive Attitude Works Independently Behavior issues 		 Arriving on Time Accepts Responsibility Trustworthy Inappropriately dressed 		 Good attendance Approachable Excessive absences Requesting conference with staff. 			O Excellent Customer Service O Flexible O Arriving Late		
Comments:									
Supervisor's Nan	pervisor's Name Supervisor's Si				 Dat	_// :e	Offi	ce Phone Number	

You will need to provide this completed form to your Career Advisor by