



# 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: _____

Career Specialist: \_\_\_\_\_

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
<b>Total Hours Worked</b>								

**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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