Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSST ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_\_\_\_\_\_\_

Job Title: Volunteer

Participant is assigned to \_\_\_\_\_ number of hours per week. Not to exceed this for the month.

This calculates into the following number of hours per week:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
| Mon. \_\_\_/ \_\_\_/ \_\_\_ | Mon. \_\_\_/ \_\_\_/ \_\_\_ | Mon. \_\_\_/ \_\_\_/ \_\_\_ | Mon. \_\_\_/ \_\_\_/ \_\_\_ | Mon. \_\_\_/ \_\_\_/ \_\_\_ |
| Hours: | Hours: | Hours: | Hours: | Hours: |

WTP Career Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (813) 930 -\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax completed time sheets to: 1 (855) 503-2975**

**\*\*\*This attendance sheet must be submitted every Monday by 5:00pm for the previous week’s hours. \*\*\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be completed by the Agency Supervisor: | | | | | | | | |
| This attendance time sheet is being completed for Monday / / to Sunday / / . | | | | | | | | |
|  | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | Total |
| Hours Worked |  |  |  |  |  |  |  |  |
| ***Participant’s progress*** ( Please check all that apply):  ⬜ Accepts Responsibility ⬜ Approachable ⬜ Appropriately Dressed ⬜ Arriving On Time ⬜ Creative  ⬜ Excellent Participant Service ⬜ Flexible ⬜ Good Attendance ⬜ Positive Attitude ⬜ Works Independently  ⬜ Trustworthy  ⬜ Arriving Late ⬜ Behavior Issues ⬜ Excessive Absences ⬜ Inappropriately Dressed  ⬜ Requesting Conference with Staff  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Name Supervisor’s Signature  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Office Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_  Date Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |