

Progressive Employment Attendance Report

Trainee Name: _____ Address: _____ _____	Placement Site: _____ Direct Supervisor: _____ Employment Consultant: _____ Counselor: _____
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Please fill in the date and number of hours you attended your training site each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours							

Participant/Employers may use this space to comment or provide feedback about the past week period, including any new skills that may have been learned.

By signing this sheet, I certify that I have worked the stated hours on this attendance report.

Participant Signature

Date

Supervisor Signature

Date