



Work Experience Attendance Sheet – SNAP Program

To be completed by CareerSource Brevard Staffing Specialist	
Customer Name (Please print legibly)	OSST/RFA #
Employer Name	Staffing Specialist

Customer is assigned to _____ hours per week. Not to exceed _____ for the month.

This attendance sheet is being completed for Monday ___/___/___ to Sunday ___/___/___

To be completed by the Agency Supervisor:																								
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total																
Hours Worked																								
<p>Customers progress (Please check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Appropriately Dressed</td> <td><input type="radio"/> Arriving on Time</td> <td><input type="radio"/> Good attendance</td> <td><input type="radio"/> Excellent Customer Service</td> </tr> <tr> <td><input type="radio"/> Positive Attitude</td> <td><input type="radio"/> Accepts Responsibility</td> <td><input type="radio"/> Approachable</td> <td><input type="radio"/> Flexible</td> </tr> <tr> <td><input type="radio"/> Works Independently</td> <td><input type="radio"/> Trustworthy</td> <td><input type="radio"/> Excessive absences</td> <td><input type="radio"/> Arriving Late</td> </tr> <tr> <td><input type="radio"/> Behavior issues</td> <td><input type="radio"/> Inappropriately dressed</td> <td><input type="radio"/> Requesting conference with staff.</td> <td></td> </tr> </table> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>									<input type="radio"/> Appropriately Dressed	<input type="radio"/> Arriving on Time	<input type="radio"/> Good attendance	<input type="radio"/> Excellent Customer Service	<input type="radio"/> Positive Attitude	<input type="radio"/> Accepts Responsibility	<input type="radio"/> Approachable	<input type="radio"/> Flexible	<input type="radio"/> Works Independently	<input type="radio"/> Trustworthy	<input type="radio"/> Excessive absences	<input type="radio"/> Arriving Late	<input type="radio"/> Behavior issues	<input type="radio"/> Inappropriately dressed	<input type="radio"/> Requesting conference with staff.	
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Supervisor's Name	Supervisor's Signature	Date	Office Phone Number																					

This attendance sheet must be faxed to 321-504-2059 by Monday @ 5:00 p.m. (for previous week's hours)

Hours entered by ICS for the week: _____
ICS initials: _____

ICS verified supervisor name listed above is on MOU