

## TIME AND ATTENDANCE RECORD

SkillSource 234 N Mission Wenatchee, WA 98801

	Participant Name											CMS#Contract #						
Participant Mailing Address											City ZIP Supervisor							
Worksite_										St	ıpervis	or						
					Pag	y Perio	od: Fro	)m	/	_/	_to	_/	_/	_				
Only reco Participati informati	nt to is	sue pa	ychecl	k. Do	not use	e white	e-out.	To ma	ake co	rrectio	ns, dra						pervisor and correct	
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
Hours																	] 	
Satisfactory Progress YES										NO								
Appearance																		
Punctuality/Attendance																		
Shows willingness to work																		
Is cooper	Is cooperative at workplace																	
Complete	es tasks	s on a	timely	basis														
Listens and communicates well																		
COMME	ENTS:																	
	-																	
Supervisor Signature					Date					For agency use only								
										LI			C	Other				
Participant Signature					Date					LO Last Timesheet								
									Tr	Training Consultant								
									Wage \$									