



Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_

Month: \_\_\_\_\_

Week of: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							
Total:							

Total hours for the week: \_\_\_\_\_

\_\_\_\_\_

Site Supervisor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**Excused Reason Codes**

Use the following codes on the day missed by the student to indicate their reason:

J= Job Interview, CC= Child Care Problems, D= Death in the family, SP= Illness of Participant, SF= Illness of family member, C= Site Closed,

T= Transportation, O= Other, A= absent without an acceptable reason. ***Students who fail to report attendance on time will be closed out of the VWEF program and will be conciliated/sanctioned by DHS.***