



# Daily Work Attendance Sheet

Pay Period _____ TO _____	Agency: _____
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Program regulations prohibit paying for lunch breaks.

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

DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	HOURS WORKED	INTERN INITIALS

DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	HOURS WORKED	INTERN INITIALS

TOTAL HOURS WORKED THIS PAY PERIOD: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_