



Associate Name: _____

Region/State : _____

Advocate/Work Experience Supervisor: _____

Work Site: _____

Pay Period: From: _____ to _____ (MUST LOG IN/OUT DAILY)					Total Hours (Office Use Only)
Day/Date	Time In	Lunch Out	Lunch In	Time Out	
Total Weekly Hours					

Pay Period: From: _____ to _____ (MUST LOG IN/OUT DAILY)					Total Hours (Office Use Only)
Day/Date	Time In Actual	Lunch Out Actual	Lunch IN Actual	Time Out Actual	
Total Weekly Hours					
Bi-Weekly Total					

Does the participant need additional attention from a Career Coach in any specific area? ___Yes ___No If yes, indicate the area below:	I need to see a Career Coach:
---	-------------------------------

I certify that the above information is an accurate accounting of this Associate's progress for the current pay period and the information has been reviewed with the Associate.

Signature: (Work Site Supervisor)
 Date: _____