

Attendance Report (Month # _____)

Student Name: _____

Student ID# _____

Department: _____

| Week | Day | Date | Time | | Lateness in Minutes or Hours | Remarks |
|------|-----------|------|------|-----|------------------------------|---------|
| | | | IN | OUT | | |
| 1 | Saturday | | | | | |
| | Sunday | | | | | |
| | Monday | | | | | |
| | Tuesday | | | | | |
| | Wednesday | | | | | |
| 2 | Saturday | | | | | |
| | Sunday | | | | | |
| | Monday | | | | | |
| | Tuesday | | | | | |
| | Wednesday | | | | | |

| | | | | | | |
|---|-----------|--|--|--|--|--|
| 3 | Saturday | | | | | |
| | Sunday | | | | | |
| | Monday | | | | | |
| | Tuesday | | | | | |
| | Wednesday | | | | | |
| 4 | Saturday | | | | | |
| | Sunday | | | | | |
| | Monday | | | | | |
| | Tuesday | | | | | |
| | Wednesday | | | | | |

Supervisor's Comments:

Organization Supervisor's Signature: _____ Date: _____