

Appendix 4B: COMMUNITY EMP. ATTENDANCE RECORDS SUPERVISOR/ASST SUPERVISOR

Project Name: _____ **Project Number:** _____ **Cycle Number:** _____

All Supervisors/Assistant Supervisors must work 39 hours per week. Please record as per codes overleaf.

Participant Name: _____

Week No:

	Date	Start	Finish	Signature	Hours
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Total Hours worked					
+ or – hours carried forward					

Week No:

	Date	Start	Finish	Signature	Hours
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Total Hours worked					
+ or – hours carried forward					

Week No:

	Date	Start	Finish	Signature	Hours
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Total Hours worked					
+ or – hours carried forward					

Week No:

	Date	Start	Finish	Signature	Hours
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Total Hours worked					
+ or – hours carried forward					

Attendance Hours must exclude lunch break.

Signed: _____
Sponsor

Date: _____

Please use the following codes to record daily attendance

Type of Leave	Code	Entitlement per 52 wks	Cumulative taken to date
Annual Leave	AL	20 days	
Certified Sick Leave	CSL	14 days	
Uncertified Sick Leave	USL	4 days	
Unpaid Leave	UPL	Unpaid leave	

i.e. total of leave
from Cycle 1 to date

PLEASE NOTE:

- 1) No travel expenses should be claimed while on Annual Leave
- 2) Travel expenses should only be claim for Community Employment project/participant related activities.
- 3) Supervisors should notify their DSP Community Development Officer when taking Annual Leave. Please also notify DSP of who will be responsible for the project during this time. *(this person must be part of the Sponsoring Committee)*
- 4) All Annual Leave must be taken within contract year.

* Please attach this document to relevant cycle and retain on your own project files.