

**Supplemental Nutrition Assistance Program Employment & Training (SNAP E & T)
Work Experience Program (WEP)
Attendance Report**

Name:	SSN:
Site:	Month/Year:

Attendance: Please enter the actual number of hours present or enter the following:

- A** – If consumer was absent
- H** – If this was a holiday
- N** – If consumer was not scheduled
- C** – If there was a business closure

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Comments:

Site Supervisor:	Date:	Telephone Number:
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