**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** |
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Comments:

|  |  |  |
| --- | --- | --- |
| Site Supervisor: | Date: | Telephone Number: |