

# IBSA Youth Programs

(This is a Training Program for IBSA Youth Participants)

## PARTICIPANT TRAINING: TIME AND ATTENDANCE REPORT

Please type or print – DO NOT use pencil, white out or eraser.

<b>PARTICIPANT NAME:</b>					
<b>PROGRAM PERIOD: #</b>		<b>From: / / 20</b>		<b>To: / / 20</b>	
<b>FIRST WEEK</b>	<b>Date</b>	<b>SLA*</b>	<b>CTH**</b>	<b>FW***</b>	<b>TOTAL HOURS</b>
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
<b>TOTAL</b>					
<b>SECOND WEEK</b>	<b>Date</b>	<b>SLA*</b>	<b>CTH**</b>	<b>FW***</b>	<b>TOTAL HOURS</b>
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
<b>TOTAL</b>					
<b>ACTIVE HOURS</b>		<b>SLA*</b>	<b>CTH**</b>	<b>FW***</b>	<b>GRAND TOTAL HRS</b>
<b>GRAND TOTAL</b>					

I hereby certify the hours reported are true, correct and complete to the best of my knowledge and belief.

\* Service Learning Assignment Hours  
 \*\* Classroom Training Hours  
 \*\*\* Field Work / Internships

Program Participant Signature	Date Signed	IBSA Program Manager Printed Name
Mentor/Advisor/IBSA Staff Printed Name		Program Manager Signature
Mentor/Advisor/IBSA Staff Signature	Date Signed	Drop-off/Classroom Locations
Mentor/Advisor Business/Nonprofit Name		
Mentor/Advisor City & State		

\_\_\_\_\_  
**ADDRESS**  
**CITY/STATE/ZIP**  
**Partner Agency Email**

**Sign & Submit timesheets to any program location by noon. Scanned copies are acceptable.**