DOÑA ANA COUNTY HEAD START

DAILY ATTENDANCE RECORD FOR STAFF MEMBERS AT CENTER

NAME:_____ MONTH:_____ YEAR:_____ CENTER:_____

CIRCLE ONE: CLASSROOM SUB FSA SUB DRIVER SUB OTHER_____

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	COMMENTS	Center Supervisor Initials

DATE

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

Daily att/ADM 6/05 7.08 7.11