Daily Attendance Record

Month: _____ **Year:** _____

Project Title: _____

Employee Name: _____ **Social Security Number:** _____

Job Title: _____

Date	Hours	Activity

Total Hours _____

I certify that to the best of my knowledge the above information is accurate.

Employee Signature _____ **Date:** _____

Project Director Signature _____ **Date:** _____

Director of Grants Signature _____ **Date:** _____