

ALHAMBRA AFTERSCHOOL ADVENTURES
STAFFING AGENCY - SIGN-IN LOG

Program Leader _____

Month/Year _____

Youth Specialist _____

School Site _____

| Date | YS Initial | Time In | Time Out | Total | Employee Signature | Date | YS Initial | Time In | Time Out | Total | Employee Signature |
|------|------------|---------|----------|-------|--------------------|------|------------|---------|----------|-------|--------------------|
| 1 | | | | | | 17 | | | | | |
| 2 | | | | | | 18 | | | | | |
| 3 | | | | | | 19 | | | | | |
| 4 | | | | | | 20 | | | | | |
| 5 | | | | | | 21 | | | | | |
| 6 | | | | | | 22 | | | | | |
| 7 | | | | | | 23 | | | | | |
| 8 | | | | | | 24 | | | | | |
| 9 | | | | | | 25 | | | | | |
| 10 | | | | | | 26 | | | | | |
| 11 | | | | | | 27 | | | | | |
| 12 | | | | | | 28 | | | | | |
| 13 | | | | | | 29 | | | | | |
| 14 | | | | | | 30 | | | | | |
| 15 | | | | | | 31 | | | | | |
| 16 | | | | | | | | | | | |

TOTAL HOURS SUBMITTED: _____ APPROVED BY, _____

YOUTH SPECIALIST: _____ SIGNATURE _____

Comments _____

Reminder: Please sign in and out daily. Thank You!