

# SYEP 2024 YY PBL Attendance Sheet

The PBL facilitator should complete this sheet weekly to record the PBL hours completed by the YY participant.



Participant Name: \_\_\_\_\_ SYEP ID #: \_\_\_\_\_

PBL Name: \_\_\_\_\_

WEEK \_\_\_\_

Week Begin (\_\_\_\_/\_\_\_\_/2024) - Week End (\_\_\_\_/\_\_\_\_/2024)

Day & Date	PBL Hours Assigned	PBL Hours Completed By Participant	NOTES: Specifics of the weekly program, type of activities planned, hours adjustment, etc.
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

PBL activity hours must not exceed 12.5 hours a week.

Rate of Participation for Week ____			Provider will determine and enter the corresponding number in YEPS.
<div>Y (Yes) = 2</div> <div>Participant submitted the assignment on time, attended all sessions, and displays an understanding of the topic.</div> <div>Participant will be paid fully for the week.</div>	<div>P (Partial) = 1</div> <div>Participant submitted work late or incomplete and missed some hours for the week.</div> <div>Participant will be paid partially for the week.</div>	<div>N (No) = 0</div> <div>Participant was absent for the week and did not submit any work.</div> <div>Participant will not be paid for the week.</div>	

I certify that the hours on this sheet are correct and hereby authorize entry into the SYEP Payroll System for payment to \_\_\_\_\_.

Participant Name

PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_