

KEYS PROGRAM ATTENDANCE SHEET

COMMUNITY COLLEGE / CAMPUS	Luzerne County Community College	Fax# 570-740-0695
STUDENT NAME		

WEEK ENDING	____/____/____
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CLASS / ACTIVITY (AC14)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	TOTAL MINUTES
UNMONITORED STUDY								
MONITORED STUDY								
MONITORED STUDY INITIALS**								
TUTORING								
TUTORING VERIFICATION INITIALS**								
EXCUSED ABSENCE/Holiday								
TOTAL ACTIVITY HOURS								

OTHER ACTIVITIES	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	TOTAL ACTIVITY HOURS
COMMUNITY SERVICE (AC20)								
WORK STUDY (AC31)								
EMPLOYMENT (AC23 or AC33)								
JOB SEARCH (AC42 or AC48)								

TOTAL KEYS HOURS <i>For Office Use Only</i>	
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Student Signature

Date

Staff Signature

Date

**** Initials REQUIRED for activity hours to count****