

**P.E.R.F.E.C.T.**

**Peoria Educational Region for Employment and Career Training  
2000 Pioneer Parkway, Suite 19C, Peoria, IL 61615  
(Phone) 309-693-7373 (Fax) 309-693-7375**

**School Year 2004-2005**

Name \_\_\_\_\_ School \_\_\_\_\_

**Please complete, sign, (both signatures are required,) and return this information to the office every two weeks. Please note any personal or sick days used.**

<b>DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>NOTES</b>

**Employee signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor signature** \_\_\_\_\_ **Date** \_\_\_\_\_