Three Rivers

WORK
SOURCE
GEORGIA
Connecting Talent with Opportunity
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Submit by one of the following:
Email: Support@threeriversrc.com (PDF Format Only)
Fax:470-305-0302 (cover sheet required)
Mail to: P.O. Box 97, Griffin, GA 30224
Hand deliver to: 1210 Greenbelt Drive, Griffin, GA 30224

Attendance Sheet

Participant Name   John Doe   **Phone #** XXX-XXX-XXXX

School/Training Site   WGTC   **Email Address**   John.Doe@xxx.com

Program of Study   Practical Nursing

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday		6:30	3:00	PNSG 2320	*Instructor Signature*
Tuesday		8:00	10:00	PNSG 2220	*Instructor Signature*
Wednesday		6:30	3:00	PNGS 2320	*Instructor Signature*
Thursday		8:00	10:00	PNSG 2220	*Instructor Signature*
Friday					
Saturday					
Sunday					

COMPLETE WITH DARK INK ONLY   ****NO WHITE OUT****   ****NO PENCIL****

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday		6:30	3:00	PNSG 2320	*Instructor Signature*
Tuesday		8:00	10:00	PNSG 2220	*Instructor Signature*
Wednesday		6:30	3:00	PNGS 2320	*Instructor Signature*
Thursday		8:00	10:00	PNSG 2220	*Instructor Signature*
Friday					
Saturday					
Sunday					

STATEMENT OF UNDERSTANDING:

I certify that I have been in training, class, or clinicals as indicated above. I understand that submitting false information to obtain support is an act of fraud for which legal action may be taken. I will not receive support for online classes or remote attendance. I have notified my Career Facilitor of any changes that were made to my schedule. **Attendance Sheets will not be processed if submitted seven or more days after the due date**. I also understand that WorkSource Three Rivers is not responsible for items lost in the mail. If I fail to comply with any of the statements above, payment **WILL BE DENIED.**

PARTICIPANT SIGNATURE   *John Doe*   **DATE** ____01/01/XXXX_____

FOR WIOA STAFF USE ONLY-DO NOT WRITE BELOW THIS LINE

Funding _____   **Funding _____**

Transportation _____   days x 12.00 = _____   Transportation _____   days x 12.00 =_____

Childcare _____   days x _____ = _____   Childcare _____ days x _____ = _____

Total Support Authorized_____   Total Support Authorized_____

Sign/Date _____   Sign/Date _____
Comments   Comments