



Connecting Talent with Opportunity  
A proud partner of the AmericanJobCenter network

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 \_\_\_\_\_  
School/Training Site \_\_\_\_\_  
Program of Study \_\_\_\_\_

Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/3/2022				
Tuesday	1/4/2022				
Wednesday	1/5/2022				
Thursday	1/6/2022				
Friday	1/7/2022				
Saturday	1/8/2022				
Sunday	1/9/2022				

**\*\*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	1/10/2022				
Tuesday	1/11/2022				
Wednesday	1/12/2022				
Thursday	1/13/2022				
Friday	1/14/2022				
Saturday	1/15/2022				
Sunday	1/16/2022				

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

Funding \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/17/2022				
Tuesday	1/18/2022				
Wednesday	1/19/2022				
Thursday	1/20/2022				
Friday	1/21/2022				
Saturday	1/22/2022				
Sunday	1/23/2022				

**\*\*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	1/24/2022				
Tuesday	1/25/2022				
Wednesday	1/26/2022				
Thursday	1/27/2022				
Friday	1/28/2022				
Saturday	1/29/2022				
Sunday	1/30/2022				

**STATEMENT OF UNDERSTANDING:**

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**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/31/2022				
Tuesday	2/1/2022				
Wednesday	2/2/2022				
Thursday	2/3/2022				
Friday	2/4/2022				
Saturday	2/5/2022				
Sunday	2/6/2022				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/7/2022				
Tuesday	2/8/2022				
Wednesday	2/9/2022				
Thursday	2/10/2022				
Friday	2/11/2022				
Saturday	2/12/2022				
Sunday	2/13/2022				

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Monday	2/14/2022				
Tuesday	2/15/2022				
Wednesday	2/16/2022				
Thursday	2/17/2022				
Friday	2/18/2022				
Saturday	2/19/2022				
Sunday	2/20/2022				

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Monday	2/21/2022				
Tuesday	2/22/2022				
Wednesday	2/23/2022				
Thursday	2/24/2022				
Friday	2/25/2022				
Saturday	2/26/2022				
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Phone # \_\_\_\_\_

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Email Address \_\_\_\_\_

Program of Study \_\_\_\_\_

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Monday	2/28/2022				
Tuesday	3/1/2022				
Wednesday	3/2/2022				
Thursday	3/3/2022				
Friday	3/4/2022				
Saturday	3/5/2022				
Sunday	3/6/2022				

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**\*\*NO WHITE OUT\*\***

**\*\*NO PENCIL\*\***

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	3/7/2022				
Tuesday	3/8/2022				
Wednesday	3/9/2022				
Thursday	3/10/2022				
Friday	3/11/2022				
Saturday	3/12/2022				
Sunday	3/13/2022				

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Tuesday	3/15/2022				
Wednesday	3/16/2022				
Thursday	3/17/2022				
Friday	3/18/2022				
Saturday	3/19/2022				
Sunday	3/20/2022				

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Monday	3/21/2022				
Tuesday	3/22/2022				
Wednesday	3/23/2022				
Thursday	3/24/2022				
Friday	3/25/2022				
Saturday	3/26/2022				
Sunday	3/27/2022				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	3/28/2022				
Tuesday	3/29/2022				
Wednesday	3/30/2022				
Thursday	3/31/2022				
Friday	4/1/2022				
Saturday	4/2/2022				
Sunday	4/3/2022				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	4/4/2022				
Tuesday	4/5/2022				
Wednesday	4/6/2022				
Thursday	4/7/2022				
Friday	4/8/2022				
Saturday	4/9/2022				
Sunday	4/10/2022				

**STATEMENT OF UNDERSTANDING:**

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Email Address \_\_\_\_\_

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Monday	4/11/2022				
Tuesday	4/12/2022				
Wednesday	4/13/2022				
Thursday	4/14/2022				
Friday	4/15/2022				
Saturday	4/16/2022				
Sunday	4/17/2022				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	4/18/2022				
Tuesday	4/19/2022				
Wednesday	4/20/2022				
Thursday	4/21/2022				
Friday	4/22/2022				
Saturday	4/23/2022				
Sunday	4/24/2022				

**STATEMENT OF UNDERSTANDING:**

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Monday	4/25/2022				
Tuesday	4/26/2022				
Wednesday	4/27/2022				
Thursday	4/28/2022				
Friday	4/29/2022				
Saturday	4/30/2022				
Sunday	5/1/2022				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/2/2022				
Tuesday	5/3/2022				
Wednesday	5/4/2022				
Thursday	5/5/2022				
Friday	5/6/2022				
Saturday	5/7/2022				
Sunday	5/8/2022				

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Monday	5/9/2022				
Tuesday	5/10/2022				
Wednesday	5/11/2022				
Thursday	5/12/2022				
Friday	5/13/2022				
Saturday	5/14/2022				
Sunday	5/15/2022				

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Monday	5/16/2022				
Tuesday	5/17/2022				
Wednesday	5/18/2022				
Thursday	5/19/2022				
Friday	5/20/2022				
Saturday	5/21/2022				
Sunday	5/22/2022				

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Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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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** \_\_\_\_\_  
**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/23/2022				
Tuesday	5/24/2022				
Wednesday	5/25/2022				
Thursday	5/26/2022				
Friday	5/27/2022				
Saturday	5/28/2022				
Sunday	5/29/2022				

**\*\*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	5/30/2022				
Tuesday	5/31/2022				
Wednesday	6/1/2022				
Thursday	6/2/2022				
Friday	6/3/2022				
Saturday	6/4/2022				
Sunday	6/5/2022				

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_



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# Attendance Sheet

**Participant Name** \_\_\_\_\_  
**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	6/6/2022				
Tuesday	6/7/2022				
Wednesday	6/8/2022				
Thursday	6/9/2022				
Friday	6/10/2022				
Saturday	6/11/2022				
Sunday	6/12/2022				

**\*\*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	6/13/2022				
Tuesday	6/14/2022				
Wednesday	6/15/2022				
Thursday	6/16/2022				
Friday	6/17/2022				
Saturday	6/18/2022				
Sunday	6/19/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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# Attendance Sheet

**Participant Name** \_\_\_\_\_  
**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	6/20/2022				
Tuesday	6/21/2022				
Wednesday	6/22/2022				
Thursday	6/23/2022				
Friday	6/24/2022				
Saturday	6/25/2022				
Sunday	6/26/2022				

**\*\*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	6/27/2022				
Tuesday	6/28/2022				
Wednesday	6/29/2022				
Thursday	6/30/2022				
Friday	7/1/2022				
Saturday	7/2/2022				
Sunday	7/3/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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# Attendance Sheet

Participant Name \_\_\_\_\_

Phone # \_\_\_\_\_

School/Training Site \_\_\_\_\_

Email Address \_\_\_\_\_

Program of Study \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	7/4/2022	<b>Independence Day</b>			
Tuesday	7/5/2022				
Wednesday	7/6/2022				
Thursday	7/7/2022				
Friday	7/8/2022				
Saturday	7/9/2022				
Sunday	7/10/2022				

**\*\*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	7/11/2022				
Tuesday	7/12/2022				
Wednesday	7/13/2022				
Thursday	7/14/2022				
Friday	7/15/2022				
Saturday	7/16/2022				
Sunday	7/17/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_



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**Participant Name** \_\_\_\_\_  
**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	7/18/2022				
Tuesday	7/19/2022				
Wednesday	7/20/2022				
Thursday	7/21/2022				
Friday	7/22/2022				
Saturday	7/23/2022				
Sunday	7/24/2022				

**\*\*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	7/25/2022				
Tuesday	7/26/2022				
Wednesday	7/27/2022				
Thursday	7/28/2022				
Friday	7/29/2022				
Saturday	7/30/2022				
Sunday	7/31/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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# Attendance Sheet

Participant Name \_\_\_\_\_

Phone # \_\_\_\_\_

School/Training Site \_\_\_\_\_

Email Address \_\_\_\_\_

Program of Study \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	8/1/2022				
Tuesday	8/2/2022				
Wednesday	8/3/2022				
Thursday	8/4/2022				
Friday	8/5/2022				
Saturday	8/6/2022				
Sunday	8/7/2022				

**\*\*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	8/8/2022				
Tuesday	8/9/2022				
Wednesday	8/10/2022				
Thursday	8/11/2022				
Friday	8/12/2022				
Saturday	8/13/2022				
Sunday	8/14/2022				

**STATEMENT OF UNDERSTANDING:**

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PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_





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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	8/15/2022				
Tuesday	8/16/2022				
Wednesday	8/17/2022				
Thursday	8/18/2022				
Friday	8/19/2022				
Saturday	8/20/2022				
Sunday	8/21/2022				

**\*\*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	8/22/2022				
Tuesday	8/23/2022				
Wednesday	8/24/2022				
Thursday	8/25/2022				
Friday	8/26/2022				
Saturday	8/27/2022				
Sunday	8/28/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

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Sign/Date \_\_\_\_\_  
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School/Training Site \_\_\_\_\_  
Program of Study \_\_\_\_\_

Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	8/29/2022				
Tuesday	8/30/2022				
Wednesday	8/31/2022				
Thursday	9/1/2022				
Friday	9/2/2022				
Saturday	9/3/2022				
Sunday	9/4/2022				

**\*\*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	9/5/2022				
Tuesday	9/6/2022				
Wednesday	9/7/2022				
Thursday	9/8/2022				
Friday	9/9/2022				
Saturday	9/10/2022				
Sunday	9/11/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Funding \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

Funding \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
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Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
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School/Training Site \_\_\_\_\_  
Program of Study \_\_\_\_\_

Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	9/12/2022				
Tuesday	9/13/2022				
Wednesday	9/14/2022				
Thursday	9/15/2022				
Friday	9/16/2022				
Saturday	9/17/2022				
Sunday	9/18/2022				

**\*\*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	9/19/2022				
Tuesday	9/20/2022				
Wednesday	9/21/2022				
Thursday	9/22/2022				
Friday	9/23/2022				
Saturday	9/24/2022				
Sunday	9/25/2022				

**STATEMENT OF UNDERSTANDING:**

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Funding \_\_\_\_\_  
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Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

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Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
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Participant Name \_\_\_\_\_

Phone # \_\_\_\_\_

School/Training Site \_\_\_\_\_

Email Address \_\_\_\_\_

Program of Study \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	9/26/2022				
Tuesday	9/27/2022				
Wednesday	9/28/2022				
Thursday	9/29/2022				
Friday	9/30/2022				
Saturday	10/1/2022				
Sunday	10/2/2022				

**\*\*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	10/3/2022				
Tuesday	10/4/2022				
Wednesday	10/5/2022				
Thursday	10/6/2022				
Friday	10/7/2022				
Saturday	10/8/2022				
Sunday	10/9/2022				

**STATEMENT OF UNDERSTANDING:**

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PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

Funding \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

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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** \_\_\_\_\_  
**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	10/10/2022				
Tuesday	10/11/2022				
Wednesday	10/12/2022				
Thursday	10/13/2022				
Friday	10/14/2022				
Saturday	10/15/2022				
Sunday	10/16/2022				

**\*\*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	10/17/2022				
Tuesday	10/18/2022				
Wednesday	10/19/2022				
Thursday	10/20/2022				
Friday	10/21/2022				
Saturday	10/22/2022				
Sunday	10/23/2022				

**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 Facilitator 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	10/24/2022				
Tuesday	10/25/2022				
Wednesday	10/26/2022				
Thursday	10/27/2022				
Friday	10/28/2022				
Saturday	10/29/2022				
Sunday	10/30/2022				

**\*\*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	10/31/2022				
Tuesday	11/1/2022				
Wednesday	11/2/2022				
Thursday	11/3/2022				
Friday	11/4/2022				
Saturday	11/5/2022				
Sunday	11/6/2022				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

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Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_



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**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	11/7/2022				
Tuesday	11/8/2022				
Wednesday	11/9/2022				
Thursday	11/10/2022				
Friday	11/11/2022				
Saturday	11/12/2022				
Sunday	11/13/2022				

**\*\*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	11/14/2022				
Tuesday	11/15/2022				
Wednesday	11/16/2022				
Thursday	11/17/2022				
Friday	11/18/2022				
Saturday	11/19/2022				
Sunday	11/20/2022				

**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 Facilitator 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
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Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	11/21/2022				
Tuesday	11/22/2022				
Wednesday	11/23/2022				
Thursday	11/24/2022	<b>Thanksgiving</b>			
Friday	11/25/2022				
Saturday	11/26/2022				
Sunday	11/27/2022				

**\*\*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	11/28/2022				
Tuesday	11/29/2022				
Wednesday	11/30/2022				
Thursday	12/1/2022				
Friday	12/2/2022				
Saturday	12/3/2022				
Sunday	12/4/2022				

**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 Facilitator 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_





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**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	12/5/2022				
Tuesday	12/6/2022				
Wednesday	12/7/2022				
Thursday	12/8/2022				
Friday	12/9/2022				
Saturday	12/10/2022				
Sunday	12/11/2022				

**\*\*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	12/12/2022				
Tuesday	12/13/2022				
Wednesday	12/14/2022				
Thursday	12/15/2022				
Friday	12/16/2022				
Saturday	12/17/2022				
Sunday	12/18/2022				

**STATEMENT OF UNDERSTANDING:**

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Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
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Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	12/19/2022				
Tuesday	12/20/2022				
Wednesday	12/21/2022				
Thursday	12/22/2022				
Friday	12/23/2022				
Saturday	12/24/2022				
Sunday	12/25/2022	<b>Christmas Day</b>			

**\*\*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	12/26/2022				
Tuesday	12/27/2022				
Wednesday	12/28/2022				
Thursday	12/29/2022				
Friday	12/30/2022				
Saturday	12/31/2022				
Sunday	1/1/2023	<b>New Year's Day</b>			

**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 Facilitator 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_



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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/2/2023				
Tuesday	1/3/2023				
Wednesday	1/4/2023				
Thursday	1/5/2023				
Friday	1/6/2023				
Saturday	1/7/2023				
Sunday	1/8/2023				

**\*\*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	1/9/2023				
Tuesday	1/10/2023				
Wednesday	1/11/2023				
Thursday	1/12/2023				
Friday	1/13/2023				
Saturday	1/14/2023				
Sunday	1/15/2023				

**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 Facilitator 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Funding** \_\_\_\_\_  
Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_  
Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_  
Total Support Authorized \_\_\_\_\_  
Sign/Date \_\_\_\_\_  
Comments \_\_\_\_\_



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**School/Training Site** \_\_\_\_\_  
**Program of Study** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/16/2023				
Tuesday	1/17/2023				
Wednesday	1/18/2023				
Thursday	1/19/2023				
Friday	1/20/2023				
Saturday	1/21/2023				
Sunday	1/22/2023				

**\*\*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	1/23/2023				
Tuesday	1/24/2023				
Wednesday	1/25/2023				
Thursday	1/26/2023				
Friday	1/27/2023				
Saturday	1/28/2023				
Sunday	1/29/2023				

**STATEMENT OF UNDERSTANDING:**

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**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_

**Funding** \_\_\_\_\_

Transportation \_\_\_\_\_ days x 12.00 = \_\_\_\_\_

Childcare \_\_\_\_\_ days x \_\_\_\_\_ = \_\_\_\_\_

Total Support Authorized \_\_\_\_\_

Sign/Date \_\_\_\_\_

Comments \_\_\_\_\_