

WORKFORCE DEVELOPMENT CORP. ATTENDANCE SHEET

PARTICIPANT NAME JANE DOE CURRENT PHONE # 777-777-7777

SCHOOL WGTC E-MAIL ADDRESS jane.doe@hotmail.com

PROGRAM OF STUDY Nursing LAST FOUR DIGITS OF YOUR SSN 7777

COMPLETE USING INK ONLY NO WHITEOUT NO PENCIL

DATES →	1-7	1-8	1-9	1-10	1-11	
↓ NAME OF CLASS*	Monday Class Times In-Out ↓	Tuesday Class Times In-Out ↓	Wednesday Class Times In-Out ↓	Thursday Class Times In-Out ↓	Friday Class Times In-Out ↓	Saturday Class Times In-Out ↓
* <u>NURS 1294</u>		<u>10-12</u>		<u>10-2</u>		
Instructor's Signature →		<u>J. Amte</u>		<u>J. Amte</u>		
* <u>NURS 1290</u>			<u>8-8</u>		<u>6-6</u>	
Instructor's Signature →			<u>P. Diddy</u>		<u>P. Diddy</u>	
* <u>ENGL 1110</u>		<u>8-10</u>		<u>8-10</u>		
Instructor's Signature →		<u>B. Back</u>		<u>B. Back</u>		
* <u>MATH 1200</u>		<u>3-5</u>		<u>3-5</u>		
Instructor's Signature →		<u>R. Wilson</u>		<u>R. Wilson</u>		

MUST HAVE
INSTRUCTORS
SIGNATURE NOT
JUST INITIALS.

COMPLETE USING INK ONLY NO WHITEOUT NO PENCIL

DATES →	1-14	1-15	1-16	1-17	1-18		
↓ NAME OF CLASS*	Monday Class Times In-Out ↓	Tuesday Class Times In-Out ↓	Wednesday Class Times In-Out ↓	Thursday Class Times In-Out ↓	Friday Class Times In-Out ↓	Saturday Class Times In-Out ↓	Sunday Class Times In-Out ↓
* <u>WELD 1620, 1030</u>	<u>8-12</u>	<u>8-12</u>	<u>8-12</u>	<u>8-12</u>			
Instructor's Signature →	<u>R. Walter</u>	<u>R. Walter</u>	<u>R. Walter</u>	<u>R. Walter</u>			
* <u>Auto 1100, 1102, 1103</u>	<u>6-10</u>	<u>6-10</u>	<u>5-8</u>	<u>6-10</u>			
Instructor's Signature →	<u>B. Walter</u>	<u>B. Walter</u>	<u>B. Walter</u>	<u>B. Walter</u>			

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*** I certify that this is a true and correct report of attendance during the above period. I understand that it is my responsibility to submit Attendance Sheets and also understand that support payments WILL BE DENIED if Attendance Sheets are not submitted (within ten days or more after the due date). ***

Jane Doe
STUDENT'S SIGNATURE

7-7-17
DATE

SHEET MUST
HAVE ORIGINAL
SIGNATURE. SO
BE SURE TO
PRINT AND SIGN
FORM BEFORE
SUBMITTING.

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

Funding _____
 Transportation _____ days X \$ _____ .00 = _____
 Childcare _____ days X \$ _____ .00 = _____
 Total Support Authorized = _____
 Sign / Date _____

Funding _____
 Transportation _____ days X \$ _____ .00 = _____
 Childcare _____ days X \$ _____ .00 = _____
 Total Support Authorized = _____
 Sign / Date _____