



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/8/2018				
Tuesday	1/9/2018				
Wednesday	1/10/2018				
Thursday	1/11/2018				
Friday	1/12/2018				
Saturday	1/13/2018				
Sunday	1/14/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/15/2018				
Tuesday	1/16/2018				
Wednesday	1/17/2018				
Thursday	1/18/2018				
Friday	1/19/2018				
Saturday	1/20/2018				
Sunday	1/21/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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 \_\_\_\_\_

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

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

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

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

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

**Comments**

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/22/2018				
Tuesday	1/23/2018				
Wednesday	1/24/2018				
Thursday	1/25/2018				
Friday	1/26/2018				
Saturday	1/27/2018				
Sunday	1/28/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/29/2018				
Tuesday	1/30/2018				
Wednesday	1/31/2018				
Thursday	2/1/2018				
Friday	2/2/2018				
Saturday	2/3/2018				
Sunday	2/4/2018				

**STATEMENT OF UNDERSTANDING:**

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	2/5/2018				
Tuesday	2/6/2018				
Wednesday	2/7/2018				
Thursday	2/8/2018				
Friday	2/9/2018				
Saturday	2/10/2018				
Sunday	2/11/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	2/12/2018				
Tuesday	2/13/2018				
Wednesday	2/14/2018				
Thursday	2/15/2018				
Friday	2/16/2018				
Saturday	2/17/2018				
Sunday	2/18/2018				

**STATEMENT OF UNDERSTANDING:**

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	2/19/2018				
Tuesday	2/20/2018				
Wednesday	2/21/2018				
Thursday	2/22/2018				
Friday	2/23/2018				
Saturday	2/24/2018				
Sunday	2/25/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	2/26/2018				
Tuesday	2/27/2018				
Wednesday	2/28/2018				
Thursday	3/1/2018				
Friday	3/2/2018				
Saturday	3/3/2018				
Sunday	3/4/2018				

**STATEMENT OF UNDERSTANDING:**

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

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Monday	3/5/2018				
Tuesday	3/6/2018				
Wednesday	3/7/2018				
Thursday	3/8/2018				
Friday	3/9/2018				
Saturday	3/10/2018				
Sunday	3/11/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	3/12/2018				
Tuesday	3/13/2018				
Wednesday	3/14/2018				
Thursday	3/15/2018				
Friday	3/16/2018				
Saturday	3/17/2018				
Sunday	3/18/2018				

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

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

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

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	3/19/2018				
Tuesday	3/20/2018				
Wednesday	3/21/2018				
Thursday	3/22/2018				
Friday	3/23/2018				
Saturday	3/24/2018				
Sunday	3/25/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	3/26/2018				
Tuesday	3/27/2018				
Wednesday	3/28/2018				
Thursday	3/29/2018				
Friday	3/30/2018				
Saturday	3/31/2018				
Sunday	4/1/2018				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	4/2/2018				
Tuesday	4/3/2018				
Wednesday	4/4/2018				
Thursday	4/5/2018				
Friday	4/6/2018				
Saturday	4/7/2018				
Sunday	4/8/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	4/9/2018				
Tuesday	4/10/2018				
Wednesday	4/11/2018				
Thursday	4/12/2018				
Friday	4/13/2018				
Saturday	4/14/2018				
Sunday	4/15/2018				

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Monday	4/16/2018				
Tuesday	4/17/2018				
Wednesday	4/18/2018				
Thursday	4/19/2018				
Friday	4/20/2018				
Saturday	4/21/2018				
Sunday	4/22/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	4/23/2018				
Tuesday	4/24/2018				
Wednesday	4/25/2018				
Thursday	4/26/2018				
Friday	4/27/2018				
Saturday	4/28/2018				
Sunday	4/29/2018				

**STATEMENT OF UNDERSTANDING:**

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Monday	4/30/2018				
Tuesday	5/1/2018				
Wednesday	5/2/2018				
Thursday	5/3/2018				
Friday	5/4/2018				
Saturday	5/5/2018				
Sunday	5/6/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	5/7/2018				
Tuesday	5/8/2018				
Wednesday	5/9/2018				
Thursday	5/10/2018				
Friday	5/11/2018				
Saturday	5/12/2018				
Sunday	5/13/2018				

**STATEMENT OF UNDERSTANDING:**

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Monday	5/14/2018				
Tuesday	5/15/2018				
Wednesday	5/16/2018				
Thursday	5/17/2018				
Friday	5/18/2018				
Saturday	5/19/2018				
Sunday	5/20/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	5/21/2018				
Tuesday	5/22/2018				
Wednesday	5/23/2018				
Thursday	5/24/2018				
Friday	5/25/2018				
Saturday	5/26/2018				
Sunday	5/27/2018				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	5/28/2018	School Closed for Holiday			
Tuesday	5/29/2018				
Wednesday	5/30/2018				
Thursday	5/31/2018				
Friday	6/1/2018				
Saturday	6/2/2018				
Sunday	6/3/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	6/4/2018				
Tuesday	6/5/2018				
Wednesday	6/6/2018				
Thursday	6/7/2018				
Friday	6/8/2018				
Saturday	6/9/2018				
Sunday	6/10/2018				

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Monday	6/11/2018				
Tuesday	6/12/2018				
Wednesday	6/13/2018				
Thursday	6/14/2018				
Friday	6/15/2018				
Saturday	6/16/2018				
Sunday	6/17/2018				

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	6/18/2018				
Tuesday	6/19/2018				
Wednesday	6/20/2018				
Thursday	6/21/2018				
Friday	6/22/2018				
Saturday	6/23/2018				
Sunday	6/24/2018				

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**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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	6/25/2018				
Tuesday	6/26/2018				
Wednesday	6/27/2018				
Thursday	6/28/2018				
Friday	6/29/2018				
Saturday	6/30/2018				
Sunday	7/1/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	7/2/2018				
Tuesday	7/3/2018				
Wednesday	7/4/2018	School Closed for Holiday			
Thursday	7/5/2018				
Friday	7/6/2018				
Saturday	7/7/2018				
Sunday	7/8/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	7/9/2018				
Tuesday	7/10/2018				
Wednesday	7/11/2018				
Thursday	7/12/2018				
Friday	7/13/2018				
Saturday	7/14/2018				
Sunday	7/15/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	7/16/2018				
Tuesday	7/17/2018				
Wednesday	7/18/2018				
Thursday	7/19/2018				
Friday	7/20/2018				
Saturday	7/21/2018				
Sunday	7/22/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	7/23/2018				
Tuesday	7/24/2018				
Wednesday	7/25/2018				
Thursday	7/26/2018				
Friday	7/27/2018				
Saturday	7/28/2018				
Sunday	7/29/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	7/30/2018				
Tuesday	7/31/2018				
Wednesday	8/1/2018				
Thursday	8/2/2018				
Friday	8/3/2018				
Saturday	8/4/2018				
Sunday	8/5/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**





# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	8/6/2018				
Tuesday	8/7/2018				
Wednesday	8/8/2018				
Thursday	8/9/2018				
Friday	8/10/2018				
Saturday	8/11/2018				
Sunday	8/12/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	8/13/2018				
Tuesday	8/14/2018				
Wednesday	8/15/2018				
Thursday	8/16/2018				
Friday	8/17/2018				
Saturday	8/18/2018				
Sunday	8/19/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**





# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	8/20/2018				
Tuesday	8/21/2018				
Wednesday	8/22/2018				
Thursday	8/23/2018				
Friday	8/24/2018				
Saturday	8/25/2018				
Sunday	8/26/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	8/27/2018				
Tuesday	8/28/2018				
Wednesday	8/29/2018				
Thursday	8/30/2018				
Friday	8/31/2018				
Saturday	9/1/2018				
Sunday	9/2/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	9/3/2018	School Closed for			
Tuesday	9/4/2018				
Wednesday	9/5/2018				
Thursday	9/6/2018				
Friday	9/7/2018				
Saturday	9/8/2018				
Sunday	9/9/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	9/10/2018				
Tuesday	9/11/2018				
Wednesday	9/12/2018				
Thursday	9/13/2018				
Friday	9/14/2018				
Saturday	9/15/2018				
Sunday	9/16/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	9/17/2018				
Tuesday	9/18/2018				
Wednesday	9/19/2018				
Thursday	9/20/2018				
Friday	9/21/2018				
Saturday	9/22/2018				
Sunday	9/23/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	9/24/2018				
Tuesday	9/25/2018				
Wednesday	9/26/2018				
Thursday	9/27/2018				
Friday	9/28/2018				
Saturday	9/29/2018				
Sunday	9/30/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	10/1/2018				
Tuesday	10/2/2018				
Wednesday	10/3/2018				
Thursday	10/4/2018				
Friday	10/5/2018				
Saturday	10/6/2018				
Sunday	10/7/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	10/8/2018				
Tuesday	10/9/2018				
Wednesday	10/10/2018				
Thursday	10/11/2018				
Friday	10/12/2018				
Saturday	10/13/2018				
Sunday	10/14/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	10/15/2018				
Tuesday	10/16/2018				
Wednesday	10/17/2018				
Thursday	10/18/2018				
Friday	10/19/2018				
Saturday	10/20/2018				
Sunday	10/21/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	10/22/2018				
Tuesday	10/23/2018				
Wednesday	10/24/2018				
Thursday	10/25/2018				
Friday	10/26/2018				
Saturday	10/27/2018				
Sunday	10/28/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	10/29/2018				
Tuesday	10/30/2018				
Wednesday	10/31/2018				
Thursday	11/1/2018				
Friday	11/2/2018				
Saturday	11/3/2018				
Sunday	11/4/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	11/5/2018				
Tuesday	11/6/2018				
Wednesday	11/7/2018				
Thursday	11/8/2018				
Friday	11/9/2018				
Saturday	11/10/2018				
Sunday	11/11/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	11/12/2018				
Tuesday	11/13/2018				
Wednesday	11/14/2018				
Thursday	11/15/2018				
Friday	11/16/2018				
Saturday	11/17/2018				
Sunday	11/18/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	11/19/2018				
Tuesday	11/20/2018				
Wednesday	11/21/2018				
Thursday	11/22/2018	School Closed for Holiday			
Friday	11/23/2018				
Saturday	11/24/2018				
Sunday	11/25/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	11/26/2018				
Tuesday	11/27/2018				
Wednesday	11/28/2018				
Thursday	11/29/2018				
Friday	11/30/2018				
Saturday	12/1/2018				
Sunday	12/2/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	12/3/2018				
Tuesday	12/4/2018				
Wednesday	12/5/2018				
Thursday	12/6/2018				
Friday	12/7/2018				
Saturday	12/8/2018				
Sunday	12/9/2018				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**





# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	12/10/2018				
Tuesday	12/11/2018				
Wednesday	12/12/2018				
Thursday	12/13/2018				
Friday	12/14/2018				
Saturday	12/15/2018				
Sunday	12/16/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	12/17/2018				
Tuesday	12/18/2018				
Wednesday	12/19/2018				
Thursday	12/20/2018				
Friday	12/21/2018				
Saturday	12/22/2018				
Sunday	12/23/2018				

**STATEMENT OF UNDERSTANDING:**

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**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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	12/24/2018				
Tuesday	12/25/2018	School Closed for Holiday			
Wednesday	12/26/2018				
Thursday	12/27/2018				
Friday	12/28/2018				
Saturday	12/29/2018				
Sunday	12/30/2018				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	12/31/2018				
Tuesday	1/1/2019	School Closed for Holiday			
Wednesday	1/2/2019				
Thursday	1/3/2019				
Friday	1/4/2019				
Saturday	1/5/2019				
Sunday	1/6/2019				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**



# Attendance Sheet



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

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

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

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

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

Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/7/2019				
Tuesday	1/8/2019				
Wednesday	1/9/2019				
Thursday	1/10/2019				
Friday	1/11/2019				
Saturday	1/12/2019				
Sunday	1/13/2019				

**\*\*COMPLETE WITH DARK INK ONLY\*\***

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/14/2019				
Tuesday	1/15/2019				
Wednesday	1/16/2019				
Thursday	1/17/2019				
Friday	1/18/2019				
Saturday	1/19/2019				
Sunday	1/20/2019				

**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 are considered late if submitted seven or more days after the due date, and will not be processed. 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**