



# Attendance Sheet



Participant Name JOHN DOE  
 School/Training Site WGTC  
 Program of Study PRACTICAL NURSING

Phone # XXX-XXX-XXXX  
 Email Address John.Doe@xxx.com  
 Last Four # of SSN 0000

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	SIGNATURE (No initials)
Monday	1/8/2018	6:30	3:00	PNSG 2320	Signature
Tuesday	1/9/2018	8:30	3:30	PNSG 2220	Signature
Wednesday	1/10/2018	6:30	3:00	PNSG 2320	Signature
Thursday	1/11/2018	8:30	3:30	PNSG 2220	Signature
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	6:30	3:00	PNSG 2320	Signature
Tuesday	1/16/2018	8:30	3:30	PNSG 2220	Signature
Wednesday	1/17/2018	6:30	3:00	PNSG 2320	Signature
Thursday	1/18/2018	8:30	3:30	PNSG 2220	Signature
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 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 John Doe

DATE 1-21-18

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 \_\_\_\_\_