



# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS 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)	INSTRUCTORS 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 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 \_\_\_\_\_  
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 Comments \_\_\_\_\_



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

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

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

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/21/2019				
Tuesday	1/22/2019				
Wednesday	1/23/2019				
Thursday	1/24/2019				
Friday	1/25/2019				
Saturday	1/26/2019				
Sunday	1/27/2019				

**\*\*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	1/28/2019				
Tuesday	1/29/2019				
Wednesday	1/30/2019				
Thursday	1/31/2019				
Friday	2/1/2019				
Saturday	2/2/2019				
Sunday	2/3/2019				

**STATEMENT OF UNDERSTANDING:**

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

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

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/4/2019				
Tuesday	2/5/2019				
Wednesday	2/6/2019				
Thursday	2/7/2019				
Friday	2/8/2019				
Saturday	2/9/2019				
Sunday	2/10/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/11/2019				
Tuesday	2/12/2019				
Wednesday	2/13/2019				
Thursday	2/14/2019				
Friday	2/15/2019				
Saturday	2/16/2019				
Sunday	2/17/2019				

**STATEMENT OF UNDERSTANDING:**

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/18/2019				
Tuesday	2/19/2019				
Wednesday	2/20/2019				
Thursday	2/21/2019				
Friday	2/22/2019				
Saturday	2/23/2019				
Sunday	2/24/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/25/2019				
Tuesday	2/26/2019				
Wednesday	2/27/2019				
Thursday	2/28/2019				
Friday	3/1/2019				
Saturday	3/2/2019				
Sunday	3/3/2019				

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Monday	3/4/2019				
Tuesday	3/5/2019				
Wednesday	3/6/2019				
Thursday	3/7/2019				
Friday	3/8/2019				
Saturday	3/9/2019				
Sunday	3/10/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	3/11/2019				
Tuesday	3/12/2019				
Wednesday	3/13/2019				
Thursday	3/14/2019				
Friday	3/15/2019				
Saturday	3/16/2019				
Sunday	3/17/2019				

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Monday	3/18/2019				
Tuesday	3/19/2019				
Wednesday	3/20/2019				
Thursday	3/21/2019				
Friday	3/22/2019				
Saturday	3/23/2019				
Sunday	3/24/2019				

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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	3/25/2019				
Tuesday	3/26/2019				
Wednesday	3/27/2019				
Thursday	3/28/2019				
Friday	3/29/2019				
Saturday	3/30/2019				
Sunday	3/31/2019				

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Monday	4/1/2019				
Tuesday	4/2/2019				
Wednesday	4/3/2019				
Thursday	4/4/2019				
Friday	4/5/2019				
Saturday	4/6/2019				
Sunday	4/7/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	4/8/2019				
Tuesday	4/9/2019				
Wednesday	4/10/2019				
Thursday	4/11/2019				
Friday	4/12/2019				
Saturday	4/13/2019				
Sunday	4/14/2019				

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Monday	4/15/2019				
Tuesday	4/16/2019				
Wednesday	4/17/2019				
Thursday	4/18/2019				
Friday	4/19/2019				
Saturday	4/20/2019				
Sunday	4/21/2019				

**\*\*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	4/22/2019				
Tuesday	4/23/2019				
Wednesday	4/24/2019				
Thursday	4/25/2019				
Friday	4/26/2019				
Saturday	4/27/2019				
Sunday	4/28/2019				

**STATEMENT OF UNDERSTANDING:**

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Monday	4/29/2019				
Tuesday	4/30/2019				
Wednesday	5/1/2019				
Thursday	5/2/2019				
Friday	5/3/2019				
Saturday	5/4/2019				
Sunday	5/5/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/6/2019				
Tuesday	5/7/2019				
Wednesday	5/8/2019				
Thursday	5/9/2019				
Friday	5/10/2019				
Saturday	5/11/2019				
Sunday	5/12/2019				

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Monday	5/13/2019				
Tuesday	5/14/2019				
Wednesday	5/15/2019				
Thursday	5/16/2019				
Friday	5/17/2019				
Saturday	5/18/2019				
Sunday	5/19/2019				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/20/2019				
Tuesday	5/21/2019				
Wednesday	5/22/2019				
Thursday	5/23/2019				
Friday	5/24/2019				
Saturday	5/25/2019				
Sunday	5/26/2019				

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Monday	5/27/2019	<b>School Closed for Holiday</b>			
Tuesday	5/28/2019				
Wednesday	5/29/2019				
Thursday	5/30/2019				
Friday	5/31/2019				
Saturday	6/1/2019				
Sunday	6/2/2019				

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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	6/3/2019				
Tuesday	6/4/2019				
Wednesday	6/5/2019				
Thursday	6/6/2019				
Friday	6/7/2019				
Saturday	6/8/2019				
Sunday	6/9/2019				

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Tuesday	6/11/2019				
Wednesday	6/12/2019				
Thursday	6/13/2019				
Friday	6/14/2019				
Saturday	6/15/2019				
Sunday	6/16/2019				

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Monday	6/17/2019				
Tuesday	6/18/2019				
Wednesday	6/19/2019				
Thursday	6/20/2019				
Friday	6/21/2019				
Saturday	6/22/2019				
Sunday	6/23/2019				

**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 **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 \_\_\_\_\_



# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	6/24/2019				
Tuesday	6/25/2019				
Wednesday	6/26/2019				
Thursday	6/27/2019				
Friday	6/28/2019				
Saturday	6/29/2019				
Sunday	6/30/2019				

**\*\*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	7/1/2019				
Tuesday	7/2/2019				
Wednesday	7/3/2019				
Thursday	7/4/2019	<b>School Closed for Holiday</b>			
Friday	7/5/2019				
Saturday	7/6/2019				
Sunday	7/7/2019				

**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 **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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	7/8/2019				
Tuesday	7/9/2019				
Wednesday	7/10/2019				
Thursday	7/11/2019				
Friday	7/12/2019				
Saturday	7/13/2019				
Sunday	7/14/2019				

**\*\*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	7/15/2019				
Tuesday	7/16/2019				
Wednesday	7/17/2019				
Thursday	7/18/2019				
Friday	7/19/2019				
Saturday	7/20/2019				
Sunday	7/21/2019				

**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 **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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	7/22/2019				
Tuesday	7/23/2019				
Wednesday	7/24/2019				
Thursday	7/25/2019				
Friday	7/26/2019				
Saturday	7/27/2019				
Sunday	7/28/2019				

**\*\*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	7/29/2019				
Tuesday	7/30/2019				
Wednesday	7/31/2019				
Thursday	8/1/2019				
Friday	8/2/2019				
Saturday	8/3/2019				
Sunday	8/4/2019				

**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 **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 \_\_\_\_\_





# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	8/5/2019				
Tuesday	8/6/2019				
Wednesday	8/7/2019				
Thursday	8/8/2019				
Friday	8/9/2019				
Saturday	8/10/2019				
Sunday	8/11/2019				

**\*\*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	8/12/2019				
Tuesday	8/13/2019				
Wednesday	8/14/2019				
Thursday	8/15/2019				
Friday	8/16/2019				
Saturday	8/17/2019				
Sunday	8/18/2019				

**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 **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 \_\_\_\_\_



# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	8/19/2019				
Tuesday	8/20/2019				
Wednesday	8/21/2019				
Thursday	8/22/2019				
Friday	8/23/2019				
Saturday	8/24/2019				
Sunday	8/25/2019				

**\*\*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	8/26/2019				
Tuesday	8/27/2019				
Wednesday	8/28/2019				
Thursday	8/29/2019				
Friday	8/30/2019				
Saturday	8/31/2019				
Sunday	9/1/2019				

**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 \_\_\_\_\_



# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	9/2/2019	<b>School Closed for Holiday</b>			
Tuesday	9/3/2019				
Wednesday	9/4/2019				
Thursday	9/5/2019				
Friday	9/6/2019				
Saturday	9/7/2019				
Sunday	9/8/2019				

**\*\*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	9/9/2019				
Tuesday	9/10/2019				
Wednesday	9/11/2019				
Thursday	9/12/2019				
Friday	9/13/2019				
Saturday	9/14/2019				
Sunday	9/15/2019				

**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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	9/16/2019				
Tuesday	9/17/2019				
Wednesday	9/18/2019				
Thursday	9/19/2019				
Friday	9/20/2019				
Saturday	9/21/2019				
Sunday	9/22/2019				

**\*\*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	9/23/2019				
Tuesday	9/24/2019				
Wednesday	9/25/2019				
Thursday	9/26/2019				
Friday	9/27/2019				
Saturday	9/28/2019				
Sunday	9/29/2019				

**STATEMENT OF UNDERSTANDING:**

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**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)	INSTRUCTORS SIGNATURE (No initials)
Monday	9/30/2019				
Tuesday	10/1/2019				
Wednesday	10/2/2019				
Thursday	10/3/2019				
Friday	10/4/2019				
Saturday	10/5/2019				
Sunday	10/6/2019				

**\*\*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	10/7/2019				
Tuesday	10/8/2019				
Wednesday	10/9/2019				
Thursday	10/10/2019				
Friday	10/11/2019				
Saturday	10/12/2019				
Sunday	10/13/2019				

**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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	10/14/2019				
Tuesday	10/15/2019				
Wednesday	10/16/2019				
Thursday	10/17/2019				
Friday	10/18/2019				
Saturday	10/19/2019				
Sunday	10/20/2019				

**\*\*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	10/21/2019				
Tuesday	10/22/2019				
Wednesday	10/23/2019				
Thursday	10/24/2019				
Friday	10/25/2019				
Saturday	10/26/2019				
Sunday	10/27/2019				

**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 **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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	10/28/2019				
Tuesday	10/29/2019				
Wednesday	10/30/2019				
Thursday	10/31/2019				
Friday	11/1/2019				
Saturday	11/2/2019				
Sunday	11/3/2019				

**\*\*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	11/4/2019				
Tuesday	11/5/2019				
Wednesday	11/6/2019				
Thursday	11/7/2019				
Friday	11/8/2019				
Saturday	11/9/2019				
Sunday	11/10/2019				

**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 \_\_\_\_\_





# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	11/11/2019				
Tuesday	11/12/2019				
Wednesday	11/13/2019				
Thursday	11/14/2019				
Friday	11/15/2019				
Saturday	11/16/2019				
Sunday	11/17/2019				

**\*\*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	11/18/2019				
Tuesday	11/19/2019				
Wednesday	11/20/2019				
Thursday	11/21/2019				
Friday	11/22/2019				
Saturday	11/23/2019				
Sunday	11/24/2019				

**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 **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 \_\_\_\_\_



# Attendance Sheet



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

Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Last Four # of SSN \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	11/25/2019				
Tuesday	11/26/2019				
Wednesday	11/27/2019				
Thursday	11/28/2019	School Closed for Holiday			
Friday	11/29/2019				
Saturday	11/30/2019				
Sunday	12/1/2019				

**\*\*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	12/2/2019				
Tuesday	12/3/2019				
Wednesday	12/4/2019				
Thursday	12/5/2019				
Friday	12/6/2019				
Saturday	12/7/2019				
Sunday	12/8/2019				

**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 **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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	12/9/2019				
Tuesday	12/10/2019				
Wednesday	12/11/2019				
Thursday	12/12/2019				
Friday	12/13/2019				
Saturday	12/14/2019				
Sunday	12/15/2019				

**\*\*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	12/16/2019				
Tuesday	12/17/2019				
Wednesday	12/18/2019				
Thursday	12/19/2019				
Friday	12/20/2019				
Saturday	12/21/2019				
Sunday	12/22/2019				

**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 \_\_\_\_\_



# 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)	INSTRUCTORS SIGNATURE (No initials)
Monday	12/23/2019				
Tuesday	12/24/2019				
Wednesday	12/25/2019	<b>School Closed for Holiday</b>			
Thursday	12/26/2019				
Friday	12/27/2019				
Saturday	12/28/2019				
Sunday	12/29/2019				

**\*\*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	12/30/2019				
Tuesday	12/31/2019				
Wednesday	1/1/2020	<b>School Closed for Holiday</b>			
Thursday	1/2/2020				
Friday	1/3/2020				
Saturday	1/4/2020				
Sunday	1/5/2020				

**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** \_\_\_\_\_

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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)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/6/2020				
Tuesday	1/7/2020				
Wednesday	1/8/2020				
Thursday	1/9/2020				
Friday	1/10/2020				
Saturday	1/11/2020				
Sunday	1/12/2020				

**\*\*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	1/13/2020				
Tuesday	1/14/2020				
Wednesday	1/15/2020				
Thursday	1/16/2020				
Friday	1/17/2020				
Saturday	1/18/2020				
Sunday	1/19/2020				

**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 \_\_\_\_\_