

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	1/4/2021				
Tuesday	1/5/2021				
Wednesday	1/6/2021				
Thursday	1/7/2021				
Friday	1/8/2021				
Saturday	1/9/2021				
Sunday	1/10/2021				

****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	1/11/2021				
Tuesday	1/12/2021				
Wednesday	1/13/2021				
Thursday	1/14/2021				
Friday	1/15/2021				
Saturday	1/16/2021				
Sunday	1/17/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

Attendance Sheet

Participant Name _____

Phone # _____

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Program of Study _____

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	1/18/2021				
Tuesday	1/19/2021				
Wednesday	1/20/2021				
Thursday	1/21/2021				
Friday	1/22/2021				
Saturday	1/23/2021				
Sunday	1/24/2021				

****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	1/25/2021				
Tuesday	1/26/2021				
Wednesday	1/27/2021				
Thursday	1/28/2021				
Friday	1/29/2021				
Saturday	1/30/2021				
Sunday	1/31/2021				

STATEMENT OF UNDERSTANDING:

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Childcare _____ days x _____ = _____

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Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

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Comments _____

Comments _____

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Phone # _____

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Program of Study _____

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/1/2021				
Tuesday	2/2/2021				
Wednesday	2/3/2021				
Thursday	2/4/2021				
Friday	2/5/2021				
Saturday	2/6/2021				
Sunday	2/7/2021				

****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	2/8/2021				
Tuesday	2/9/2021				
Wednesday	2/10/2021				
Thursday	2/11/2021				
Friday	2/12/2021				
Saturday	2/13/2021				
Sunday	2/14/2021				

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Sign/Date _____

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Comments _____

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Program of Study _____

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	2/15/2021				
Tuesday	2/16/2021				
Wednesday	2/17/2021				
Thursday	2/18/2021				
Friday	2/19/2021				
Saturday	2/20/2021				
Sunday	2/21/2021				

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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	2/22/2021				
Tuesday	2/23/2021				
Wednesday	2/24/2021				
Thursday	2/25/2021				
Friday	2/26/2021				
Saturday	2/27/2021				
Sunday	2/28/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	3/1/2021				
Tuesday	3/2/2021				
Wednesday	3/3/2021				
Thursday	3/4/2021				
Friday	3/5/2021				
Saturday	3/6/2021				
Sunday	3/7/2021				

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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	3/8/2021				
Tuesday	3/9/2021				
Wednesday	3/10/2021				
Thursday	3/11/2021				
Friday	3/12/2021				
Saturday	3/13/2021				
Sunday	3/14/2021				

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Monday	3/15/2021				
Tuesday	3/16/2021				
Wednesday	3/17/2021				
Thursday	3/18/2021				
Friday	3/19/2021				
Saturday	3/20/2021				
Sunday	3/21/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	3/22/2021				
Tuesday	3/23/2021				
Wednesday	3/24/2021				
Thursday	3/25/2021				
Friday	3/26/2021				
Saturday	3/27/2021				
Sunday	3/28/2021				

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Monday	3/29/2021				
Tuesday	3/30/2021				
Wednesday	3/31/2021				
Thursday	4/1/2021				
Friday	4/2/2021				
Saturday	4/3/2021				
Sunday	4/4/2021				

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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	4/5/2021				
Tuesday	4/6/2021				
Wednesday	4/7/2021				
Thursday	4/8/2021				
Friday	4/9/2021				
Saturday	4/10/2021				
Sunday	4/11/2021				

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Monday	4/12/2021				
Tuesday	4/13/2021				
Wednesday	4/14/2021				
Thursday	4/15/2021				
Friday	4/16/2021				
Saturday	4/17/2021				
Sunday	4/18/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	4/19/2021				
Tuesday	4/20/2021				
Wednesday	4/21/2021				
Thursday	4/22/2021				
Friday	4/23/2021				
Saturday	4/24/2021				
Sunday	4/25/2021				

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Monday	4/26/2021				
Tuesday	4/27/2021				
Wednesday	4/28/2021				
Thursday	4/29/2021				
Friday	4/30/2021				
Saturday	5/1/2021				
Sunday	5/2/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/3/2021				
Tuesday	5/4/2021				
Wednesday	5/5/2021				
Thursday	5/6/2021				
Friday	5/7/2021				
Saturday	5/8/2021				
Sunday	5/9/2021				

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Monday	5/10/2021				
Tuesday	5/11/2021				
Wednesday	5/12/2021				
Thursday	5/13/2021				
Friday	5/14/2021				
Saturday	5/15/2021				
Sunday	5/16/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	5/17/2021				
Tuesday	5/18/2021				
Wednesday	5/19/2021				
Thursday	5/20/2021				
Friday	5/21/2021				
Saturday	5/22/2021				
Sunday	5/23/2021				

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Monday	5/24/2021				
Tuesday	5/25/2021				
Wednesday	5/26/2021				
Thursday	5/27/2021				
Friday	5/28/2021				
Saturday	5/29/2021				
Sunday	5/30/2021				

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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	5/31/2021				
Tuesday	6/1/2021				
Wednesday	6/2/2021				
Thursday	6/3/2021				
Friday	6/4/2021				
Saturday	6/5/2021				
Sunday	6/6/2021				

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Monday	6/7/2021				
Tuesday	6/8/2021				
Wednesday	6/9/2021				
Thursday	6/10/2021				
Friday	6/11/2021				
Saturday	6/12/2021				
Sunday	6/13/2021				

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****NO PENCIL****

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	6/14/2021				
Tuesday	6/15/2021				
Wednesday	6/16/2021				
Thursday	6/17/2021				
Friday	6/18/2021				
Saturday	6/19/2021				
Sunday	6/20/2021				

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Monday	6/21/2021				
Tuesday	6/22/2021				
Wednesday	6/23/2021				
Thursday	6/24/2021				
Friday	6/25/2021				
Saturday	6/26/2021				
Sunday	6/27/2021				

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DAY	DATE	SIGN IN TIME	SIGN OUT TIME	COURSE NAME (EX..PSYC 2103)	INSTRUCTORS SIGNATURE (No initials)
Monday	6/28/2021				
Tuesday	6/29/2021				
Wednesday	6/30/2021				
Thursday	7/1/2021				
Friday	7/2/2021				
Saturday	7/3/2021				
Sunday	7/4/2021	Independence Day			

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.**

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Monday	7/5/2021				
Tuesday	7/6/2021				
Wednesday	7/7/2021				
Thursday	7/8/2021				
Friday	7/9/2021				
Saturday	7/10/2021				
Sunday	7/11/2021				

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Tuesday	7/13/2021				
Wednesday	7/14/2021				
Thursday	7/15/2021				
Friday	7/16/2021				
Saturday	7/17/2021				
Sunday	7/18/2021				

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Tuesday	7/20/2021				
Wednesday	7/21/2021				
Thursday	7/22/2021				
Friday	7/23/2021				
Saturday	7/24/2021				
Sunday	7/25/2021				

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****NO WHITE OUT****

****NO PENCIL****

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Monday	7/26/2021				
Tuesday	7/27/2021				
Wednesday	7/28/2021				
Thursday	7/29/2021				
Friday	7/30/2021				
Saturday	7/31/2021				
Sunday	8/1/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	8/2/2021				
Tuesday	8/3/2021				
Wednesday	8/4/2021				
Thursday	8/5/2021				
Friday	8/6/2021				
Saturday	8/7/2021				
Sunday	8/8/2021				

****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	8/9/2021				
Tuesday	8/10/2021				
Wednesday	8/11/2021				
Thursday	8/12/2021				
Friday	8/13/2021				
Saturday	8/14/2021				
Sunday	8/15/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	8/16/2021				
Tuesday	8/17/2021				
Wednesday	8/18/2021				
Thursday	8/19/2021				
Friday	8/20/2021				
Saturday	8/21/2021				
Sunday	8/22/2021				

****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	8/23/2021				
Tuesday	8/24/2021				
Wednesday	8/25/2021				
Thursday	8/26/2021				
Friday	8/27/2021				
Saturday	8/28/2021				
Sunday	8/29/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	8/30/2021				
Tuesday	8/31/2021				
Wednesday	9/1/2021				
Thursday	9/2/2021				
Friday	9/3/2021				
Saturday	9/4/2021				
Sunday	9/5/2021				

****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	9/6/2021				
Tuesday	9/7/2021				
Wednesday	9/8/2021				
Thursday	9/9/2021				
Friday	9/10/2021				
Saturday	9/11/2021				
Sunday	9/12/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	9/13/2021				
Tuesday	9/14/2021				
Wednesday	9/15/2021				
Thursday	9/16/2021				
Friday	9/17/2021				
Saturday	9/18/2021				
Sunday	9/19/2021				

****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	9/20/2021				
Tuesday	9/21/2021				
Wednesday	9/22/2021				
Thursday	9/23/2021				
Friday	9/24/2021				
Saturday	9/25/2021				
Sunday	9/26/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	9/27/2021				
Tuesday	9/28/2021				
Wednesday	9/29/2021				
Thursday	9/30/2021				
Friday	10/1/2021				
Saturday	10/2/2021				
Sunday	10/3/2021				

****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	10/4/2021				
Tuesday	10/5/2021				
Wednesday	10/6/2021				
Thursday	10/7/2021				
Friday	10/8/2021				
Saturday	10/9/2021				
Sunday	10/10/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	10/11/2021				
Tuesday	10/12/2021				
Wednesday	10/13/2021				
Thursday	10/14/2021				
Friday	10/15/2021				
Saturday	10/16/2021				
Sunday	10/17/2021				

****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	10/18/2021				
Tuesday	10/19/2021				
Wednesday	10/20/2021				
Thursday	10/21/2021				
Friday	10/22/2021				
Saturday	10/23/2021				
Sunday	10/24/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	10/25/2021				
Tuesday	10/26/2021				
Wednesday	10/27/2021				
Thursday	10/28/2021				
Friday	10/29/2021				
Saturday	10/30/2021				
Sunday	10/31/2021				

****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	11/1/2021				
Tuesday	11/2/2021				
Wednesday	11/3/2021				
Thursday	11/4/2021				
Friday	11/5/2021				
Saturday	11/6/2021				
Sunday	11/7/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	11/8/2021				
Tuesday	11/9/2021				
Wednesday	11/10/2021				
Thursday	11/11/2021				
Friday	11/12/2021				
Saturday	11/13/2021				
Sunday	11/14/2021				

****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	11/15/2021				
Tuesday	11/16/2021				
Wednesday	11/17/2021				
Thursday	11/18/2021				
Friday	11/19/2021				
Saturday	11/20/2021				
Sunday	11/21/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	11/22/2021				
Tuesday	11/23/2021				
Wednesday	11/24/2021				
Thursday	11/25/2021	Thanksgiving			
Friday	11/26/2021				
Saturday	11/27/2021				
Sunday	11/28/2021				

****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	11/29/2021				
Tuesday	11/30/2021				
Wednesday	12/1/2021				
Thursday	12/2/2021				
Friday	12/3/2021				
Saturday	12/4/2021				
Sunday	12/5/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	12/6/2021				
Tuesday	12/7/2021				
Wednesday	12/8/2021				
Thursday	12/9/2021				
Friday	12/10/2021				
Saturday	12/11/2021				
Sunday	12/12/2021				

****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	12/13/2021				
Tuesday	12/14/2021				
Wednesday	12/15/2021				
Thursday	12/16/2021				
Friday	12/17/2021				
Saturday	12/18/2021				
Sunday	12/19/2021				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	12/20/2021				
Tuesday	12/21/2021				
Wednesday	12/22/2021				
Thursday	12/23/2021				
Friday	12/24/2021				
Saturday	12/25/2021	Christmas Day			
Sunday	12/26/2021				

****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	12/27/2021				
Tuesday	12/28/2021				
Wednesday	12/29/2021				
Thursday	12/30/2021				
Friday	12/31/2021				
Saturday	1/1/2022	New Year's Day			
Sunday	1/2/2022				

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	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 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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____

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	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:

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 _____

Funding _____

Transportation _____ days x 12.00 = _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Total Support Authorized _____

Sign/Date _____

Sign/Date _____

Comments _____

Comments _____