

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 | 1/27/2025 | | | | |
| Tuesday | 1/28/2025 | | | | |
| Wednesday | 1/29/2025 | | | | |
| Thursday | 1/30/2025 | | | | |
| Friday | 1/31/2025 | | | | |
| Saturday | 2/1/2025 | | | | |
| Sunday | 2/2/2025 | | | | |

****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 | 2/3/2025 | | | | |
| Tuesday | 2/4/2025 | | | | |
| Wednesday | 2/5/2025 | | | | |
| Thursday | 2/6/2025 | | | | |
| Friday | 2/7/2025 | | | | |
| Saturday | 2/8/2025 | | | | |
| Sunday | 2/9/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 2/10/2025 | | | | |
| Tuesday | 2/11/2025 | | | | |
| Wednesday | 2/12/2025 | | | | |
| Thursday | 2/13/2025 | | | | |
| Friday | 2/14/2025 | | | | |
| Saturday | 2/15/2025 | | | | |
| Sunday | 2/16/2025 | | | | |

****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 | 2/17/2025 | | | | |
| Tuesday | 2/18/2025 | | | | |
| Wednesday | 2/19/2025 | | | | |
| Thursday | 2/20/2025 | | | | |
| Friday | 2/21/2025 | | | | |
| Saturday | 2/22/2025 | | | | |
| Sunday | 2/23/2025 | | | | |

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Childcare _____ days x _____ = _____

Total Support Authorized _____

Sign/Date _____

Comments _____

Funding _____

Transportation _____ days x 12.00 = _____

Childcare _____ days x _____ = _____

Total Support Authorized _____

Sign/Date _____

Comments _____

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Phone # _____

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Email Address _____

Program of Study _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 2/24/2025 | | | | |
| Tuesday | 2/25/2025 | | | | |
| Wednesday | 2/26/2025 | | | | |
| Thursday | 2/27/2025 | | | | |
| Friday | 2/28/2025 | | | | |
| Saturday | 3/1/2025 | | | | |
| Sunday | 3/2/2025 | | | | |

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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 | 3/3/2025 | | | | |
| Tuesday | 3/4/2025 | | | | |
| Wednesday | 3/5/2025 | | | | |
| Thursday | 3/6/2025 | | | | |
| Friday | 3/7/2025 | | | | |
| Saturday | 3/8/2025 | | | | |
| Sunday | 3/9/2025 | | | | |

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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 _____

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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 | 3/10/2025 | | | | |
| Tuesday | 3/11/2025 | | | | |
| Wednesday | 3/12/2025 | | | | |
| Thursday | 3/13/2025 | | | | |
| Friday | 3/14/2025 | | | | |
| Saturday | 3/15/2025 | | | | |
| Sunday | 3/16/2025 | | | | |

****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 | 3/17/2025 | | | | |
| Tuesday | 3/18/2025 | | | | |
| Wednesday | 3/19/2025 | | | | |
| Thursday | 3/20/2025 | | | | |
| Friday | 3/21/2025 | | | | |
| Saturday | 3/22/2025 | | | | |
| Sunday | 3/23/2025 | | | | |

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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 _____

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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 | 3/24/2025 | | | | |
| Tuesday | 3/25/2025 | | | | |
| Wednesday | 3/26/2025 | | | | |
| Thursday | 3/27/2025 | | | | |
| Friday | 3/28/2025 | | | | |
| Saturday | 3/29/2025 | | | | |
| Sunday | 3/30/2025 | | | | |

****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 | 3/31/2025 | | | | |
| Tuesday | 4/1/2025 | | | | |
| Wednesday | 4/2/2025 | | | | |
| Thursday | 4/3/2025 | | | | |
| Friday | 4/4/2025 | | | | |
| Saturday | 4/5/2025 | | | | |
| Sunday | 4/6/2025 | | | | |

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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 _____

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Phone # _____

School/Training Site _____

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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 | 4/7/2025 | | | | |
| Tuesday | 4/8/2025 | | | | |
| Wednesday | 4/9/2025 | | | | |
| Thursday | 4/10/2025 | | | | |
| Friday | 4/11/2025 | | | | |
| Saturday | 4/12/2025 | | | | |
| Sunday | 4/13/2025 | | | | |

****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 | 4/14/2025 | | | | |
| Tuesday | 4/15/2025 | | | | |
| Wednesday | 4/16/2025 | | | | |
| Thursday | 4/17/2025 | | | | |
| Friday | 4/18/2025 | | | | |
| Saturday | 4/19/2025 | | | | |
| Sunday | 4/20/2025 | | | | |

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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 _____

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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 | 4/21/2025 | | | | |
| Tuesday | 4/22/2025 | | | | |
| Wednesday | 4/23/2025 | | | | |
| Thursday | 4/24/2025 | | | | |
| Friday | 4/25/2025 | | | | |
| Saturday | 4/26/2025 | | | | |
| Sunday | 4/27/2025 | | | | |

****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 | 4/28/2025 | | | | |
| Tuesday | 4/29/2025 | | | | |
| Wednesday | 4/30/2025 | | | | |
| Thursday | 5/1/2025 | | | | |
| Friday | 5/2/2025 | | | | |
| Saturday | 5/3/2025 | | | | |
| Sunday | 5/4/2025 | | | | |

STATEMENT OF UNDERSTANDING:

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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 | 5/5/2025 | | | | |
| Tuesday | 5/6/2025 | | | | |
| Wednesday | 5/7/2025 | | | | |
| Thursday | 5/8/2025 | | | | |
| Friday | 5/9/2025 | | | | |
| Saturday | 5/10/2025 | | | | |
| Sunday | 5/11/2025 | | | | |

****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 | 5/12/2025 | | | | |
| Tuesday | 5/13/2025 | | | | |
| Wednesday | 5/14/2025 | | | | |
| Thursday | 5/15/2025 | | | | |
| Friday | 5/16/2025 | | | | |
| Saturday | 5/17/2025 | | | | |
| Sunday | 5/18/2025 | | | | |

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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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|--------------|---------------|--------------------------------|--|
| Monday | 5/19/2025 | | | | |
| Tuesday | 5/20/2025 | | | | |
| Wednesday | 5/21/2025 | | | | |
| Thursday | 5/22/2025 | | | | |
| Friday | 5/23/2025 | | | | |
| Saturday | 5/24/2025 | | | | |
| Sunday | 5/25/2025 | | | | |

****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 | 5/26/2025 | | | | |
| Tuesday | 5/27/2025 | | | | |
| Wednesday | 5/28/2025 | | | | |
| Thursday | 5/29/2025 | | | | |
| Friday | 5/30/2025 | | | | |
| Saturday | 5/31/2025 | | | | |
| Sunday | 6/1/2025 | | | | |

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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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|----------|-----------------|------------------|--------------------------------|--|
| Monday | 6/2/2025 | | | | |
| Tuesday | 6/3/2025 | | | | |
| Wednesday | 6/4/2025 | | | | |
| Thursday | 6/5/2025 | | | | |
| Friday | 6/6/2025 | | | | |
| Saturday | 6/7/2025 | | | | |
| Sunday | 6/8/2025 | | | | |

****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 | 6/9/2025 | | | | |
| Tuesday | 6/10/2025 | | | | |
| Wednesday | 6/11/2025 | | | | |
| Thursday | 6/12/2025 | | | | |
| Friday | 6/13/2025 | | | | |
| Saturday | 6/14/2025 | | | | |
| Sunday | 6/15/2025 | | | | |

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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 _____

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Participant Name _____ Phone # _____
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| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|--------------|---------------|--------------------------------|--|
| Monday | 6/16/2025 | | | | |
| Tuesday | 6/17/2025 | | | | |
| Wednesday | 6/18/2025 | | | | |
| Thursday | 6/19/2025 | | | | |
| Friday | 6/20/2025 | | | | |
| Saturday | 6/21/2025 | | | | |
| Sunday | 6/22/2025 | | | | |

****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 | 6/23/2025 | | | | |
| Tuesday | 6/24/2025 | | | | |
| Wednesday | 6/25/2025 | | | | |
| Thursday | 6/26/2025 | | | | |
| Friday | 6/27/2025 | | | | |
| Saturday | 6/28/2025 | | | | |
| Sunday | 6/29/2025 | | | | |

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| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 6/30/2025 | | | | |
| Tuesday | 7/1/2025 | | | | |
| Wednesday | 7/2/2025 | | | | |
| Thursday | 7/3/2025 | | | | |
| Friday | 7/4/2025 | | | | |
| Saturday | 7/5/2025 | | | | |
| Sunday | 7/6/2025 | | | | |

****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 | 7/7/2025 | | | | |
| Tuesday | 7/8/2025 | | | | |
| Wednesday | 7/9/2025 | | | | |
| Thursday | 7/10/2025 | | | | |
| Friday | 7/11/2025 | | | | |
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| Sunday | 7/13/2025 | | | | |

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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 _____

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Participant Name _____ Phone # _____
School/Training Site _____ Email Address _____
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| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 7/14/2025 | | | | |
| Tuesday | 7/15/2025 | | | | |
| Wednesday | 7/16/2025 | | | | |
| Thursday | 7/17/2025 | | | | |
| Friday | 7/18/2025 | | | | |
| Saturday | 7/19/2025 | | | | |
| Sunday | 7/20/2025 | | | | |

****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 | 7/21/2025 | | | | |
| Tuesday | 7/22/2025 | | | | |
| Wednesday | 7/23/2025 | | | | |
| Thursday | 7/24/2025 | | | | |
| Friday | 7/25/2025 | | | | |
| Saturday | 7/26/2025 | | | | |
| Sunday | 7/27/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|------------------|------------------|--------------------------------|--|
| Monday | 7/28/2025 | | | | |
| Tuesday | 7/29/2025 | | | | |
| Wednesday | 7/30/2025 | | | | |
| Thursday | 7/31/2025 | Independence Day | | | |
| Friday | 8/1/2025 | | | | |
| Saturday | 8/2/2025 | | | | |
| Sunday | 8/3/2025 | | | | |

****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 | 8/4/2025 | | | | |
| Tuesday | 8/5/2025 | | | | |
| Wednesday | 8/6/2025 | | | | |
| Thursday | 8/7/2025 | | | | |
| Friday | 8/8/2025 | | | | |
| Saturday | 8/9/2025 | | | | |
| Sunday | 8/10/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|--------------|---------------|--------------------------------|--|
| Monday | 8/11/2025 | | | | |
| Tuesday | 8/12/2025 | | | | |
| Wednesday | 8/13/2025 | | | | |
| Thursday | 8/14/2025 | | | | |
| Friday | 8/15/2025 | | | | |
| Saturday | 8/16/2025 | | | | |
| Sunday | 8/17/2025 | | | | |

****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 | 8/18/2025 | | | | |
| Tuesday | 8/19/2025 | | | | |
| Wednesday | 8/20/2025 | | | | |
| Thursday | 8/21/2025 | | | | |
| Friday | 8/22/2025 | | | | |
| Saturday | 8/23/2025 | | | | |
| Sunday | 8/24/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|--------------|---------------|--------------------------------|--|
| Monday | 8/25/2025 | | | | |
| Tuesday | 8/26/2025 | | | | |
| Wednesday | 8/27/2025 | | | | |
| Thursday | 8/28/2025 | | | | |
| Friday | 8/29/2025 | | | | |
| Saturday | 8/30/2025 | | | | |
| Sunday | 8/31/2025 | | | | |

****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 | 9/1/2025 | | | | |
| Tuesday | 9/2/2025 | | | | |
| Wednesday | 9/3/2025 | | | | |
| Thursday | 9/4/2025 | | | | |
| Friday | 9/5/2025 | | | | |
| Saturday | 9/6/2025 | | | | |
| Sunday | 9/7/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 9/8/2025 | | | | |
| Tuesday | 9/9/2025 | | | | |
| Wednesday | 9/10/2025 | | | | |
| Thursday | 9/11/2025 | | | | |
| Friday | 9/12/2025 | | | | |
| Saturday | 9/13/2025 | | | | |
| Sunday | 9/14/2025 | | | | |

****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 | 9/15/2025 | | | | |
| Tuesday | 9/16/2025 | | | | |
| Wednesday | 9/17/2025 | | | | |
| Thursday | 9/18/2025 | | | | |
| Friday | 9/19/2025 | | | | |
| Saturday | 9/20/2025 | | | | |
| Sunday | 9/21/2025 | | | | |

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 | 9/22/2025 | | | | |
| Tuesday | 9/23/2025 | | | | |
| Wednesday | 9/24/2025 | | | | |
| Thursday | 9/25/2025 | | | | |
| Friday | 9/26/2025 | | | | |
| Saturday | 9/27/2025 | | | | |
| Sunday | 9/28/2025 | | | | |

****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 | 9/29/2025 | | | | |
| Tuesday | 9/30/2025 | | | | |
| Wednesday | 10/1/2025 | | | | |
| Thursday | 10/2/2025 | | | | |
| Friday | 10/3/2025 | | | | |
| Saturday | 10/4/2025 | | | | |
| Sunday | 10/5/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 10/6/2025 | | | | |
| Tuesday | 10/7/2025 | | | | |
| Wednesday | 10/8/2025 | | | | |
| Thursday | 10/9/2025 | | | | |
| Friday | ##### | | | | |
| Saturday | ##### | | | | |
| Sunday | ##### | | | | |

****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 | ##### | | | | |
| Tuesday | ##### | | | | |
| Wednesday | ##### | | | | |
| Thursday | ##### | | | | |
| Friday | ##### | | | | |
| Saturday | ##### | | | | |
| Sunday | ##### | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|------------|-----------------|------------------|--------------------------------|--|
| Monday | 10/20/2025 | | | | |
| Tuesday | 10/21/2025 | | | | |
| Wednesday | 10/22/2025 | | | | |
| Thursday | 10/23/2025 | | | | |
| Friday | 10/24/2025 | | | | |
| Saturday | 10/25/2025 | | | | |
| Sunday | 10/26/2025 | | | | |

****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 | 10/27/2025 | | | | |
| Tuesday | 10/28/2025 | | | | |
| Wednesday | 10/29/2025 | | | | |
| Thursday | 10/30/2025 | | | | |
| Friday | 10/31/2025 | | | | |
| Saturday | 11/1/2025 | | | | |
| Sunday | 11/2/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 11/3/2025 | | | | |
| Tuesday | 11/4/2025 | | | | |
| Wednesday | 11/5/2025 | | | | |
| Thursday | 11/6/2025 | | | | |
| Friday | 11/7/2025 | | | | |
| Saturday | 11/8/2025 | | | | |
| Sunday | 11/9/2025 | | | | |

****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 | 11/10/2025 | | | | |
| Tuesday | 11/11/2025 | | | | |
| Wednesday | 11/12/2025 | | | | |
| Thursday | 11/13/2025 | | | | |
| Friday | 11/14/2025 | | | | |
| Saturday | 11/15/2025 | | | | |
| Sunday | 11/16/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|------------|-----------------|------------------|--------------------------------|--|
| Monday | 11/17/2025 | | | | |
| Tuesday | 11/18/2025 | | | | |
| Wednesday | 11/19/2025 | | | | |
| Thursday | 11/20/2025 | | | | |
| Friday | 11/21/2025 | | | | |
| Saturday | 11/22/2025 | | | | |
| Sunday | 11/23/2025 | | | | |

****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 | 11/24/2025 | | | | |
| Tuesday | 11/25/2025 | | | | |
| Wednesday | 11/26/2025 | | | | |
| Thursday | 11/27/2025 | | | | |
| Friday | 11/28/2025 | | | | |
| Saturday | 11/29/2025 | | | | |
| Sunday | 11/30/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 12/1/2025 | | | | |
| Tuesday | 12/2/2025 | | | | |
| Wednesday | 12/3/2025 | | | | |
| Thursday | 12/4/2025 | | | | |
| Friday | 12/5/2025 | | | | |
| Saturday | 12/6/2025 | | | | |
| Sunday | 12/7/2025 | | | | |

****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 | 12/8/2025 | | | | |
| Tuesday | 12/9/2025 | | | | |
| Wednesday | 12/10/2025 | | | | |
| Thursday | 12/11/2025 | | | | |
| Friday | 12/12/2025 | | | | |
| Saturday | 12/13/2025 | | | | |
| Sunday | 12/14/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|------------|-----------------|------------------|--------------------------------|--|
| Monday | 12/15/2025 | | | | |
| Tuesday | 12/16/2025 | | | | |
| Wednesday | 12/17/2025 | | | | |
| Thursday | 12/18/2025 | | | | |
| Friday | 12/19/2025 | | | | |
| Saturday | 12/20/2025 | | | | |
| Sunday | 12/21/2025 | | | | |

****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 | 12/22/2025 | | | | |
| Tuesday | 12/23/2025 | | | | |
| Wednesday | 12/24/2025 | | | | |
| Thursday | 12/25/2025 | Thanksgiving | | | |
| Friday | 12/26/2025 | | | | |
| Saturday | 12/27/2025 | | | | |
| Sunday | 12/28/2025 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|------------|-----------------|------------------|--------------------------------|--|
| Monday | 12/29/2025 | | | | |
| Tuesday | 12/30/2025 | | | | |
| Wednesday | 12/31/2025 | | | | |
| Thursday | 1/1/2026 | | | | |
| Friday | 1/2/2026 | | | | |
| Saturday | 1/3/2026 | | | | |
| Sunday | 1/4/2026 | | | | |

****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 | 1/5/2026 | | | | |
| Tuesday | 1/6/2026 | | | | |
| Wednesday | 1/7/2026 | | | | |
| Thursday | 1/8/2026 | | | | |
| Friday | 1/9/2026 | | | | |
| Saturday | 1/10/2026 | | | | |
| Sunday | 1/11/2026 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|--------------|---------------|--------------------------------|--|
| Monday | 1/12/2026 | | | | |
| Tuesday | 1/13/2026 | | | | |
| Wednesday | 1/14/2026 | | | | |
| Thursday | 1/15/2026 | | | | |
| Friday | 1/16/2026 | | | | |
| Saturday | 1/17/2026 | | | | |
| Sunday | 1/18/2026 | | | | |

****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 | 1/19/2026 | | | | |
| Tuesday | 1/20/2026 | | | | |
| Wednesday | 1/21/2026 | Christmas Day | | | |
| Thursday | 1/22/2026 | | | | |
| Friday | 1/23/2026 | | | | |
| Saturday | 1/24/2026 | | | | |
| Sunday | 1/25/2026 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|----------------|---------------|--------------------------------|--|
| Monday | 1/26/2026 | | | | |
| Tuesday | 1/27/2026 | | | | |
| Wednesday | 1/28/2026 | New Year's Day | | | |
| Thursday | 1/29/2026 | | | | |
| Friday | 1/30/2026 | | | | |
| Saturday | 1/31/2026 | | | | |
| Sunday | 2/1/2026 | | | | |

****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 | 2/2/2026 | | | | |
| Tuesday | 2/3/2026 | | | | |
| Wednesday | 2/4/2026 | | | | |
| Thursday | 2/5/2026 | | | | |
| Friday | 2/6/2026 | | | | |
| Saturday | 2/7/2026 | | | | |
| Sunday | 2/8/2026 | | | | |

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 _____

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|-----------|-----------------|------------------|--------------------------------|--|
| Monday | 2/9/2026 | | | | |
| Tuesday | 2/10/2026 | | | | |
| Wednesday | 2/11/2026 | | | | |
| Thursday | 2/12/2026 | | | | |
| Friday | 2/13/2026 | | | | |
| Saturday | 2/14/2026 | | | | |
| Sunday | 2/15/2026 | | | | |

****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 | 2/16/2026 | | | | |
| Tuesday | 2/17/2026 | | | | |
| Wednesday | 2/18/2026 | | | | |
| Thursday | 2/19/2026 | | | | |
| Friday | 2/20/2026 | | | | |
| Saturday | 2/21/2026 | | | | |
| Sunday | 2/22/2026 | | | | |

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 John Doe Phone # XXX-XXX-XXXX
 School/Training Site WGTC Email Address John.Doe@xxx.com
 Program of Study Practical Nursing

| DAY | DATE | SIGN IN TIME | SIGN OUT TIME | COURSE NAME (EX..PSYC 2103) | INSTRUCTORS SIGNATURE (No initials) |
|-----------|------|--------------|---------------|--------------------------------|--|
| Monday | | 6:30 | 3:00 | PNSG 2320 | <i>Instructor Signature</i> |
| Tuesday | | 8:00 | 10:00 | PNSG 2220 | <i>fsdfds</i> |
| Wednesday | | 6:30 | 3:00 | PNGS 2320 | <i>Instructor Signature</i> |
| Thursday | | 8:00 | 10:00 | PNSG 2220 | <i>Instructor Signature</i> |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

****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 | | 6:30 | 3:00 | PNSG 2320 | <i>Instructor Signature</i> |
| Tuesday | | 8:00 | 10:00 | PNSG 2220 | <i>Instructor Signature</i> |
| Wednesday | | 6:30 | 3:00 | PNGS 2320 | <i>Instructor Signature</i> |
| Thursday | | 8:00 | 10:00 | PNSG 2220 | <i>Instructor Signature</i> |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

STATEMENT OF UNDERSTANDING:

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PARTICIPANT SIGNATURE John Doe DATE 01/01/XXXX

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 _____