

WORKFORCE DEVELOPMENT TRRC ATTENDANCE SHEET

PARTICIPANT NAME _____ CURRENT PHONE # _____
 SCHOOL _____ E-MAIL ADDRESS _____
 PROGRAM OF STUDY _____ LAST FOUR DIGITS OF YOUR SSN _____

COMPLETE USING INK ONLY NO WHITEOUT NO PENCIL

DATES →							
↓ NAME OF CLASS*	Monday Class Times In-Out ↓	Tuesday Class Times In-Out ↓	Wednesday Class Times In-Out ↓	Thursday Class Times In-Out ↓	Friday Class Times In-Out ↓	Saturday Class Times In-Out ↓	Sunday Class Times In-Out ↓
*							
Instructor's Signature →							
*							
Instructor's Signature →							
*							
Instructor's Signature →							
*							
Instructor's Signature →							

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*							
Instructor's Signature →							
*							
Instructor's Signature →							
*							
Instructor's Signature →							
*							
Instructor's Signature →							

*****I certify that this is a true and correct report of my participation during the above period. I understand that it is my responsibility to submit Attendance Sheets on time. I also understand that support payments WILL BE DENIED if Attendance Sheets are submitted late (seven days or more after the due date).*****

STUDENT'S SIGNATURE

DATE

FOR WIA STAFF USE ONLY - DO NOT WRITE BELOW THIS LINE

Funding _____
 Transportation _____ days X \$ _____ .00 = _____
 Childcare _____ days X \$ _____ .00 = _____
 Total Support Authorized = _____
 Sign / Date _____

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INSTRUCTIONS FOR COMPLETING ATTENDANCE SHEET

1. Enter your name.
2. Enter your current phone number.
3. Enter the name of your school/college.
4. Enter your email address.
5. Enter your program of study.
6. Enter the last four digits of your social security number.
7. Enter each day's date above each day of the week.
8. Enter the name of each class you attend on a separate line (i.e. **BUSN 1100, MAST 1030**).
9. Enter time in and time out of each class you attend each day.
10. **Instructor's signature (not initials) is required to certify each class time entered for each day attended.** Instructors may sign using the first initial of their first name and their **entire** last name.
11. **Read certification statement. Submitting false information to obtain support payments is an act of fraud for which legal action may be taken. WIA has adopted a NO TOLERANCE policy; falsifying documentation WILL result in disallowment of supportive services.**
12. Sign and date form.
13. **Information that is not legible and any sheet with whiteout or written in pencil will not be processed and will be returned to the participant for resubmission.**
14. Bottom section is for **WIA STAFF USE ONLY; do not write in this space.**
15. **ALLOW 7-10 BUSINESS DAYS (AFTER THE DUE DATE) FOR PAYMENT TO BE PROCESSED.**

Support Schedule

Report Period		Attendance Sheets
Begins	Ends	Due Dates*
12-29-13	1-11-14	1-13-14
1-12-14	1-25-14	1-27-14
1-26-14	2-08-14	2-10-14
2-09-14	2-22-14	2-24-14
2-23-14	3-08-14	3-10-14
3-09-14	3-22-14	3-24-14
3-23-14	4-05-14	4-07-14
4-06-14	4-19-14	4-21-14
4-20-14	5-03-14	5-05-14
5-04-14	5-17-14	5-19-14
5-18-14	5-31-14	6-02-14
6-01-14	6-14-14	6-16-14
6-15-14	6-28-14	6-30-14
6-29-14	7-12-14	7-14-14
7-13-14	7-26-14	7-28-14
7-27-14	8-09-14	8-11-14
8-10-14	8-23-14	8-25-14
8-24-14	9-06-14	9-08-14
9-07-14	9-20-14	9-22-14
9-21-14	10-04-14	10-06-14
10-05-14	10-18-14	10-20-14
10-19-14	11-01-14	11-03-14
11-02-14	11-15-14	11-17-14
11-16-14	11-29-14	12-01-14
11-30-14	12-13-14	12-15-14
12-14-14	12-27-14	12-29-14
12-28-14	1-10-15	1-12-15

***Attendance sheets are mailed to:**

**Workforce Development TRRC
Attn: Support
P.O. Box 97
Griffin, GA 30224**

All attendance sheets (whether mailed or hand delivered) must be received in the Griffin office (1710 Highway 16 West) by 5:00 PM on the attendance sheet due date for processing

No faxed or copied attendance sheets will be processed
ONLY ORIGINAL SIGNATURES ACCEPTED