

Attendance Record (cont.) – enter **P** for day present
H for Holidays **E** for days excused

N for days no training scheduled or conducted
U for unexcused absence

	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday	Sunday	No. of Days Course Scheduled	Faculty/Trainer Name and Signature
Week 2									
Course:									
Course:									
Course :									
Course:									
Course:									

Participant Attestation: I affirm that the information contained on this form and, if applicable the attached document(s), is true and correct.

 Participant Signature

 Date

Submit to: *WIOA Career Planner*

WIOA Case Manager: I have reviewed and approved this form.

 WIOA Career Planner Signature

 Date

Participant is responsible for securing faculty signatures and, if applicable, printing out online activity log/report and submitting completed Report to WIOA Career Planner.