**TRAINING ACTIVITIES ATTENDANCE SHEET**

**Participant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period Beginning Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ending Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following signature(s) verifies my participation in the program on the date(s) specified:

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Days/Date Participated** | **Participant’s Signature** | **Instructor/Supervisor’s Signature** |
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**Remarks**: All changes must be explained, dated and initialed by the person making the change.

All signatures **MUST BE IN INK**. Full name of both the participant and the instructor/supervisor required. **CANNOT** accept initials.

If this is payment for attending work readiness class or leadership development activity, please list name of class or activity and the number of hours completed.

**Name of Program/Class**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Hours Completed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_