

Region VI WDB Attendance/Supportive Service Payments Timesheet

Service Provider _____ Student's Name _____
Please print

Address _____ MACC ID# _____

City, State, Zip _____ Funding Stream (please check)
 Adult Dislocated Worker Youth

Contact Person _____ Date _____

Attendance Record: P=present (on campus), Q-online only, M=mobile lab, N=no mobile lab, clinicals, or online participation, X=scheduled, but did not attend

Week ending (mm/dd/yy)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Did student maintain 80% attendance?	
								Yes	No

Student/Faculty/Trainer Attestation: I affirm that the information contained on this form is true and correct.

Student Signature _____ Date _____

Faculty/Trainer Name and Supervisor _____ Date _____

Attendance Form is due by the 5th working day of the following month-Mail originals to:
 Region VI Workforce Development Board
 17 Middletown Road
 White Hall, WV 26554
 Or email to ahall@region6wv.org