

Region VI WDB Attendance/Supportive Service Payments Timesheet

Service Provider Name: _____

Service Provider Address/City/State/Zip: _____

Student's Name _____ MACC ID: _____
(Please print)

Funding Stream: Adult ☐ Dislocated Worker ☐ Youth ☐

Contact Person: _____ Date: _____

Attendance Record:

P=Present (on campus); O=Online only; M=Mobile lab; C=Clinical; N=No mobile lab, clinicals, or online participation; X=Scheduled, but did not attend

Week ending (mm/dd/yyyy)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please list clinical site location information and any additional notes:

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

Student Signature: _____ Date: _____

Service Provider Signature: _____ Date: _____

Attendance Form is due by the 5th of the following month
Email to smorris@region6wv.org