

Region VI WDB Attendance/Supportive Service Payments Timesheet

Service Provider _____ Student's Name _____
Please Print

Address _____ MACC ID # _____

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

Contact Person _____ Date _____

Attendance Record: **P** for days present, **N** for days no training scheduled or conducted, **X** for training scheduled but did not attend

**Did student
maintain 80%
attendance?**

Week - ending (mm/dd/yy)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Yes	No*

***Is student making satisfactory academic progress (please check) Yes No**

(*Student must maintain 80% attendance per week and be making overall satisfactory academic progress to be eligible for the supportive payment for each week.)

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