

## 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), **O**=online only,  
**M**=Mobile lab, **N**=no mobile lab, clinicals, or online participation **X**=  
scheduled but did not attend

<b>Did student maintain 80% attendance?</b>

Week - ending (mm/dd/yy)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	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 5<sup>th</sup> 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