

Region VI WDB Attendance/Supportive Service Payments Timesheet

Service Provider Name: _____ Contact Person: _____

Student's Name: _____ MACC ID: _____

Student's Full Mailing Address: _____

Funding Stream: Adult Dislocated Worker

Attendance Record: P= Present (on campus); O= Online only; M=Mobile Lab; C= Clinical
N=No assigned classes, mobile labs, or clinicals; X= Scheduled but did not attend

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

Please list any clinical addresses and dates, along with any additional notes below:

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

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

Student Signature: _____ Date: _____

Service Provider Signature: _____ Date: _____

Fiscal Office

Use Only: _____ Total Eligible Days x \$5.00 per day = _____

Less any other reimbursements = _____

Total SSP = _____