

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

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

Did student maintain 80% attendance?

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

***Is student making satisfactory academic progress (please circle) 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 Signature and Supervisor _____ Date _____