



ATTENDANCE TIME SHEET

HOST AGENCY/SCHOOL

TRAINEE/STUDENT

TRAINING/EDUCATION LOCATION

SOCIAL SECURITY NUMBER (last four digits)

INSTRUCTOR NAME

COURSE TITLE

PERSON CERTIFYING ATTENDANCE

Week Beginning __ / __ / __ Week Ending __ / __ / __	Date	Total Hours	Signature of Person Certifying Attendance	Signature of Trainee/Student
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Career Advisor Signature _____ **Date** _____