

SDA 9/WIOA PARTICIPANT'S ATTENDANCE REPORT  
TRAVEL IS FOR A TWO-WEEK PERIOD

Student Name (Print): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Last Five Digits of Social Security Number: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Program of Study: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**WEEK 1**

|                                 | Monday        |               | Tuesday       |               | Wednesday     |               | Thursday      |               | Friday        |               | Saturday      |               |                             |
|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Date (mm/dd/yy)                 |               |               |               |               |               |               |               |               |               |               |               |               |                             |
| Class, Time<br>Beginning/Ending | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Instructor's<br>Signature * |
|                                 |               |               |               |               |               |               |               |               |               |               |               |               |                             |
|                                 |               |               |               |               |               |               |               |               |               |               |               |               |                             |
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**WEEK 2**

|                                 | Monday        |               | Tuesday       |               | Wednesday     |               | Thursday      |               | Friday        |               | Saturday      |               |                             |
|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Date (mm/dd/yy)                 |               |               |               |               |               |               |               |               |               |               |               |               |                             |
| Class, Time<br>Beginning/Ending | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Hrs.<br>Schd. | Hrs.<br>Attd. | Instructor's<br>Signature * |
|                                 |               |               |               |               |               |               |               |               |               |               |               |               |                             |
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| <b>Two Week Totals</b>          |               |               |               |               |               |               |               |               |               |               |               |               | Total Amt. Due<br>\$        |

\*By my signature, I certify that the student was scheduled to attend and did attend the above hours.

BY SIGNING BELOW, I HEREBY CONSENT TO THE RELEASE OF THE ABOVE INFORMATION TO NEGRC WIOA WORKFORCE DEVELOPMENT. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**REVISED 7/2015**

Please check the following before submitting your forms:

**\*Complete, sign and date forms in ink. All unsigned or pencil-signed forms will be returned!**

\*Do not use white-out on forms.

\*Please be sure to **complete both scheduled and attended hours and class time.**

**\*Have instructors/childcare provider's sign and date forms.**

**\*Address, phone and if applicable email address, last 5 digits of social security number must be on attendance forms.**

\*Childcare forms need to be submitted with appropriate attendance forms.

\*We must have a childcare verification form on each child. Please call me if you need a child verification form.

\*List names and ages of children on childcare forms.

**\*Childcare provider must initial each day child is there, and they must also sign form where indicated at bottom of form.**

**\*Submit forms according to payment schedule.**

Please mail to: Program Assistant, NEGRC, 305 Research Drive, Athens, GA 30605-2795. If mailed anywhere else, there could be a delay in receiving payment. Forms must be received in Tuesday's mail or by 12 Noon in order to be processed that week. **If forms are not received in this office on time, they will not be processed until the next support pay period. No exceptions will be made! It is your responsibility to make sure they are received on time.**