



GREEN COUNTRY WORKFORCE DEVELOPMENT BOARD

Attendance Record

Participant Name: _____ Month/Year of Attendance: _____

Participant ID: _____ Training/Childcare Provider: _____

Program: _____

Type of Reimbursement Request: Transportation - Mileage Childcare

Type of Attendance Activity: Training Employment

- An attendance record should be completed for each day of actual attendance.
- Enter the hours for each day that training/employment was attended. For childcare reimbursement, the time spent in travel from employment/training can be added.
- The participant and the training provider/employer must initial each day of attendance to be eligible for reimbursement for the identified day.
- Document must be completed in ink.
- Corrections must be made with a single mark through and initialed by both the participant and the training provider/employer. No whiteout may be used on document.
- The participant and the training provider/employer must sign and date the attendance record prior to submission for reimbursement.

Date	Hours	Client Initials	Provider Initials		Date	Hours	Client Initials	Provider Initials		Date	Hours	Client Initials	Provider Initials
1					11					21			
2					12					22			
3					13					23			
4					14					24			
5					15					25			
6					16					26			
7					17					27			
8					18					28			
9					19					29			
10					20					30			
										31			
Total Days in Training/Employment:					Total Hours for Month:								
Rate of Reimbursement					\$					Total amount: \$			

I verify that the above is true and accurate hours spent in classroom training/employment.

Participant Signature _____ Date _____

I verify that the shown above are true and correct for the WIOA participant.

Training provider/Employer Signature _____ Date _____

I have reviewed the information above for completeness and calculated the amount due to the participant.

Service Provider Signature _____ Date _____

