

Pamlico Community College
WIOA BI-Weekly Attendance Sheet

Adult _____ DW _____

Participants Name: _____

Social Security Number _____

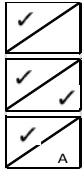
Training Facility _____

From _____ To _____

SCHOOL OFFICIAL: This student is enrolled in WIOA. WIOA policy mandates that classroom attendance be verified.
Please follow the instructions below to complete the Attendance Record:

1. Record the day(s) the student is scheduled to attend your class by placing a check mark in the upper left side of the block under the appropriate day(s) the student is scheduled to attend your class
2. Record the day(s) the student actually attends your class by placing a check mark in the lower right side of the block under the appropriate day(s) the student is scheduled to attend your class.
3. Record the day(s) the student is absent from scheduled classes by placing the letter "A" in the lower right side of the block under the appropriate day(s) the student is scheduled to attend your class.

Example



Your signature in the far right column indicates that the attendance information is correct to the best of your knowledge.

COURSE TITLE	DAYS SCHEDULED/ATTENDED										SCHOOL OFFICIAL SIGNATURE AND DATE
	WEEK 1					WEEK 2					
	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
							</				

Week Number	Miles	X	Rate	=	Total	Maximum Weekly	Reimbursable Amount
1			\$	\$		\$	\$
2			\$	\$		\$	\$
Total Reimbursable Amount for Transportation							
Needs Related Payments							
				Number of Days	X	Rate	= Eligible Amount
						\$	\$
GRAND TOTAL							\$

PARTICIPANT CERTIFICATION:

I certify that the above attendance and travel record is correct and understand that if I knowingly falsify or withhold information to qualify for needs-related, transportation and/or child care payments for which I am not entitled, I will be subject to penalties provided for fraud.

PARTICIPANT'S SIGNATURE: _____

WIOA CASE MANAGER SIGNATURE: _____