

North Country Workforce Investment Board

Customer Bi-Weekly Attendance Form

Customer's Name _____

Customer's Address _____

Training Agency Name and Location _____

Course Title _____ Agency Phone (_____) _____

Month & Date	Day	Class Hours
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Week 1 Total		
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Week 2 Total		
Grand Total Weeks 1 and 2		

1. All information must be completed in black or blue ink before payment will be made.
2. Both Supervisor's/Instructor's and Customer's signatures must be completed before payment will be made.
3. When filling in the hours, put only the actual hours class is attended.
4. It may also be used as an attendance sheet to reimburse for transportation and childcare, if applicable.

***I give this information to support my request for training-related expenses.
The information in this request is correct and I understand obtaining reimbursement by a false statement is a crime.***

Customer's Signature

_____/_____/20____

Date

TO BE COMPLETED BY INSTRUCTOR

Student's participation for this two-week marking period is: **(Please check one)** _____ Satisfactory _____ Unsatisfactory

I hereby certify that the aforementioned person has actually participated in classroom training and is to be reimbursed in the amounts stated.

Supervisor/Course Instructor Signature _____/_____/20____

Date

FOR OFFICE USE ONLY - DO NOT WRITE IN THE SPACE BELOW

Total Hours _____ Date Paid _____/_____/20____ Initial _____