



1500 MAIN • P.O. BOX 1266 • VAN BUREN, ARKANSAS • 72957 • (479) 474-7061
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**DAILY ATTENDANCE RECORD
 WIOA CLASSROOM TRAINING PARTICIPANTS**

PARTICIPANT: _____ CASE MANAGER: _____
 TRAINING _____
 SITE: _____ PAY PERIOD FROM: _____ TO: _____

PARTICIPANT SIGNATURES MUST BE IN INK - DO NOT USE WHITEOUT

Initial Changes - Draw a single line through incorrect information and write correct information and initial change (s) made.
 Travel sheets must be completed with required legible signature.

PARTICIPANT SIGNATURE	DATE	INSTRUCTOR SIGNATURE/INITIALS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

CASE MANAGER SIGNATURE: _____

DO NOT WRITE IN THIS SPACE				
ID NUMBER	ZONE / RATE	X DAYS ATTENDED	AMOUNT PAID	CHECK NUMBER

Updated 10/16

WESTERN ARKANSAS



EMPLOYMENT DEVELOPMENT

EQUAL OPPORTUNITY EMPLOYER