

Project ARRIBA

WEEKLY ATTENDANCE RECORD

STUDENT NAME	STUDENT ID #	TRAINING SITE	WEEK ENDING

RECORD OF ACTUAL HOURS

COURSE NAME	TIME	SAT	SUN	MON	TUE	WED	THUR	FRI	INSTRUCTORS SIGNATURE
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								

I certify that the information shown above is complete and accurate to the best of my knowledge. I also understand that any intentional misrepresentation on my part is basis for termination.

Student's Signature: _____ Date: _____

TOTAL HOURS PER DAY	SAT	SUN	MON	TUE	WED	THUR	FRI	WEEK'S TOTAL

CASE MANAGER NAME: _____

CASE MANAGER SIGNATURE: _____ DATE: _____