



Monthly Attendance Record

Participant Name: _____

ASSET PIN#: _____

Month: _____

Year: _____

Student Instructions: Please enter the names of your classes and class hours. Check the days you attended, place an "A" for absent and a "C" if the class was cancelled.

	FILL IN CLASS HOURS UNDER THE APPROPRIATE DATE																																Instr. Initial
CLASS(es) OR EMPLOYER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

COMMENTS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Participant Signature _____

Date _____

Signature of Instructor(s) _____

Date _____

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.