



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.

CLASS(es) OR EMPLOYER	FILL IN CLASS HOURS UNDER THE APPROPRIATE DATE																													Instr. Initial	
	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

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