



1109 South 16th • Fort Smith, Arkansas • 72901 • Phone (479) 785-2651 • Fax (479) 785-1964

**DAILY ATTENDANCE RECORD FOR  
WIOA TRAINING PARTICIPANTS**

PARTICIPANT: \_\_\_\_\_ CAREER ADVISOR: \_\_\_\_\_  
 TRAINING SITE: \_\_\_\_\_ PAY PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**SIGNATURES MUST BE IN INK --- NO WHITE OUT CAN BE USED**

Draw a single line through incorrect information and initial changes made. Write correct information beside initials. Review days for accuracy. Travel sheets must be completed with required legible signature.

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

CAREER ADVISOR SIGNATURE: \_\_\_\_\_

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