

Project *ARRIBA*

WEEKLY ATTENDANCE RECORD

STUDENT NAME	ACADEMIC ID	TRAINING SITE	WEEK ENDING (SUNDAY'S DATE)
		EPCC/UTEP	/ /2019

RECORD OF ACTUAL HOURS

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

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

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: _____

Case Manager Name: _____

Case Manager Signature: _____

Date: _____