Shooniyaa Wa-Biitong Participant Attendance Sheet

Name:	File #:	
Course:		
Reporting Period:		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours Week 1:		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours Week 2:		
	Total Bi Weekly Hours:	

I verify that the information provided is correct and true.

_____ _____

Signature of Client Date:

_____ _____

Signature of Manager/Training Institute Date:

Scan and email to your Program Officer: Carmen Jones carmen.jones@shooniyaa.org, Marlene Elder marlene.elder@shooniyaa.org, Jeremy Jordan jeremy.jordan@shooniyaa.org Jan Greenfeather jan.greenfeather@shooniyaa.org

If you require assistance, call toll free number at 1-800-545-5113.