

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.

_____ Date: _____
Signature of Client

_____ Date: _____
Signature of Manager/Training Institute

Scan and email to your Program Officer: Glenda Henderson easternpo@shooniyaa.org,
 Marlene Elder westernpo@shooniyaa.org, Candace McCormick southernpo@shooniyaa.org,
 Stephanie Ogemah northernpo@shooniyaa.org

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