

Project Director to Complete					County:		
Participant Name:					Pay Period End Date:		
Training Site:							
Training Provided:						cone:PAI	DFREE
	ntact for questio						
Participan If a lunch i break is ta	t to Complete: s taken, out/in ti ken. Make sure h k your In/Out cell	mes need to ap nours are corre	ppear on the t	ime sheet. Do and totaled in	not skip cells i the appropria	n between In/C	
	Training Date	In	Out	In	Out	Total Hours	
				Total T	raining Hours:		
"I ag	ree that this train employment. I		-	ed Employmer	nt Plan (IEP) to	obtain unsubsi	dized
Participant Signature:							
"I certify that this is a true record of the participant's attendance in this training class."							
Trainer Signature:							
	ı	Tairier Signatur	e				
	sheets must be r ay result in the p						
	F/	AX:					
_							
Pro	oject Director Ap	proval Signatur	·e:				
Dayroll I	nitial:	Dont	+ #		Employee	#	