## VANTAGE Aging TRAINING VERIFICATION FORM

Project Director to Complete	County:
Participant Name:	Pay Period End Date:
Training Site:	Check one:ODA DOL
Training Provided:	Check one:PAIDFREE
Contact for questions:	

## Participant to Complete:

ANTAGE

If a lunch is taken, out/in times need to appear on the time sheet. Do not skip cells in between In/Out time if no break is taken. Make sure hours are correctly recorded and totaled in the appropriate column. If you see a Zero then check your In/Out cells to make sure they are filled out next to each other.

<b>Training Date</b>	In	Out	In	Out	<b>Total Hours</b>

Total Training Hours:

"I agree that this training is part of my Individualized Employment Plan (IEP) to obtain unsubsidized employment. I certify that this is a true record of my attendance in my training class."

Participant Signature:

"I certify that this is a true record of the participant's attendance in this training class."

Trainer Signature:

Training sheets must be received by 5 pm the Monday following the end of the pay period. Failure to do so may result in the pay being delayed until the next pay period. Transmit to the Project Director:

	FAX:						
	MAIL:						
	SCAN TO EMAIL:						
Pro	ject Director Approv	al Signature:				_	

Payroll Initial:
------------------

Dept #\_\_\_\_\_