



TRAINING VERIFICATION FORM



Project Director to Complete before training starts

County: _____

Job Seeker Name: _____

Pay Period End Date: _____

Training Provided: _____

Check one: ☐ ODA ☐ DOL ☐ IDWD

Location of Training: _____

Check one: ☐ In-person ☐ Remote

Contact for questions: _____

Training Waiver Funded ☐ Yes ☐ No

Job Seeker to Complete:

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.

Training Date	In	Out	In	Out	Total Hours
Total Training Hours:					

"I agree that this training is part of my Individualized Employment Plan (IEP) to obtain unsubsidized employment. I certify this training was pre-approved by my Project Director or Training Navigator and is a true record of my attendance in training."

Job Seeker 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: _____

SCAN TO EMAIL: _____

Project Director Approval Signature: _____

Payroll Initial: _____

Dept # _____

Employee # _____