



## DAILY ATTENDANCE REGISTER

Workforce Solutions South Plains  
 2002 W. Loop 289 Suite 117  
 Lubbock, Texas 79407

**Name:** \_\_\_\_\_

**SSN (last 4 digits):** \_\_\_\_\_

**School:** \_\_\_\_\_

**Program:** \_\_\_\_\_

Day	Date	Absent	Present
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**Total Number of Days Attended:** \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

**Case Manager:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

<b>For office use only:</b>		
<b>Funding (please circle one):</b> A D Y TAA		
	<b>Daily Rate</b>	<b>Total</b>
Fuel _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

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