

Name:

Workforce Solutions South Plains Daily Attendance Register

SSN (last 4 digits):

ool:				Program:		
	Day		Date	Absent	Present	
	Sunday					
	Monday					
	Tuesday					
V	/ednesday					
	Thursday					
	Friday					
	Saturday					
			Fotal Number	of Days Attended:		
stome	r Signature		Fotal Number	of Days Attended: Date		
	r Signature or Signature		Fotal Number			
tructo	or Signature		Total Number	Date Date		
ucto	or Signature			Date Date		
tructo se Mar ail:	or Signature nager:			Date Date Phone:		
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