



100 College Avenue,
Suite 200
Rochester, NY 14607
ATT: Karen Hobson
khobson@rochesterworks.org

Attendance Sheet

(Use one sheet per class)

Name: _____ NY _____

Class: _____ Facility: _____

Week #1
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #6
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #2
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #7
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #3
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #8
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #4
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #9
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #5
Date: _____
of Classes Attended: _____

of Hours Attended: _____

Week #10
Date: _____
of Classes Attended: _____

of Hours Attended: _____

I certify that the student has attended class for the dates and times listed above.

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

**You need to document _____ (number) weeks of attendance records
and return this form to Karen Hobson at RochesterWorks, Inc.**