ATTENDANCE

|  |  |
| --- | --- |
| **Course Name (ex: 10-hr construction):** |  |
| **Instructor (s):** |  |
| **Date of Training:** |  |
| **Start/End Times:** |  |
| **Location (street address, city, state, zip):** |  |
| **Contact Hours:** |  |
| **Instructor's Signature:** |  |

Template provided by

Chabot-Las Positas Community College District OTIEC

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  **Signature** | **Email** | **Mailing Address & Phone No.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  **Signature** | **Email** | **Mailing Address & Phone No.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  **Signature** | **Email** | **Mailing Address & Phone No.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*You must have between 3 and 40 students unless you have been granted an exception in advance.*