



**SNAP E&T**  
**Job Search Training Attendance Sheet**

Participant Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_

Agency Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Customer is assigned to 10 number of hours per month. Not to exceed this amount.

This calculates into the following number of hours per week:

Week 1	Week 2	Week 3	Week 4	Week 5
Monday / /	Monday / /	Monday / /	Monday / /	Monday / /
Hours:	Hours:	Hours:	Hours:	Hours:

Career Counselor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please fax completed time sheets to: 1 (855) 503-2975

<b>To be completed by the Trainer:</b>								
This attendance time sheet is being completed for Monday ____/____/____ to Sunday ____/____/____								
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>
<b>Hours Worked</b>								
<b><u>Employability Skills Training</u></b> ( Please check all that apply):								
<input type="checkbox"/> Basic Computer <input type="checkbox"/> Breaking Barrier <input type="checkbox"/> Computer Skills for Your Resume <input type="checkbox"/> EFM Orientation <input type="checkbox"/> Employment Success <input type="checkbox"/> Employment Transition <input type="checkbox"/> Job Power <input type="checkbox"/> Job Search Computer Skills <input type="checkbox"/> Labor Market Information 101 <input type="checkbox"/> Labor Market Information 102 <input type="checkbox"/> LinkedIn Laboratory <input type="checkbox"/> LinkedIn Orientation <input type="checkbox"/> Online Application <input type="checkbox"/> Professional Interviewing Skills <input type="checkbox"/> Re-Employment Assistance Orientation <input type="checkbox"/> Resume Development <input type="checkbox"/> Resume Writing Lab								
Comments: _____								
_____								
_____								
Trainer's Name	Trainer's Signature				____/____/____	(____) ____ - _____		
					Date	Office Phone		