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**Template 21: Illinois Works Attendance Roster**

**Illinois Works Attendance Roster (Required)**

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| **GRANTEE** |  | **TRAINING DATES** |  | *To* |  |
| **INSTRUCTOR’S NAME** |  | **TRAINING TIME**  |  | *To* |  |
| **INSTRUCTOR’S ORG.** |  | **COHORT #** |  | **MODULE DATES** |  |
| **MODULE NAME** |  | **MODULE #** |  | **MODULE HOURS** |  |

*Use* ***a separate Roster*** *for each training module approved to be delivered in your curriculum. Participant’s legal names must be pre-printed, alphabetically by last name, before instruction begins. Participants are required to sign* *the roster, acknowledging their attendance to the module.* ***The instructor is responsible for entering the daily Training hours for each participant no later than the end of each training day, recorded in increments of 15 minutes, and documenting any shortfalls in attendance per the ILW guidance.***

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|  |  |  | **Training Dates** |  |  |  |  |  |  |  |  |  |  | **Total** |
|  |  |  | **Training Hours** |  |  |  |  |  |  |  |  |  |  |  |
| **#** | **Participant First & Last Name** | **Participant Signature** | **Attendance Notes** |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **INSTRUCTOR NOTES** |
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I certify that the students listed on this attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

roster attended training for the time indicated above. Instructor’s Signature Date

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I confirm the accuracy of this attendance roster. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Grantee Organization Program Manager/Administrator’s Signature Date