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| **Training Attendance** | | | | | | | | |
| Participant Name: | | | | | | | | |
| Attendance Verification Period (2 weeks): | | Sunday     /    /       to | | Saturday     /    / | | | | |
| Did you attend all scheduled training during the two-week period above? | | | | | Yes | | No | |
| If “No,” explain: | | | | | | | | |
| Did you drop any courses or have you been terminated by the training institution? | | | | | | Yes | | No |
| If “Yes”, explain: | | | | | | | | |
| Provide the from and through dates for any scheduled break in training during this two-week period | | | | | | | | |
| Training break scheduled | From     /    / | | Through     /    / | | | | | |
| Reason for training break | | | | | | | | |

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| **Training Institution** | | | | |
| Name of Training Institution: |  | | | |
| Address: | | 9. City: | 10. State: | 11. Zip Code: |

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| **Attendance Verification** |

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| **Course 1** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Course 2** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Course 3** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Course 4** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Course 5** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Course 6** | | | | | | | | | | | | |
| Participants must complete the information for the course, online, and days of attendance. The instructor must answer the questions and sign and date. Online course attendance verification must be made via: a) instructor signature on this form; b) email from instructor; or c) training institution printout. **[Verification via b) or c) must contain the two-week period, course name and number, participant name, and answers to questions]** | | | | | | | | | | | | |
| Course Name and Number: | | | | | | Online:    Yes | | | | | | |
| **Mark each day with “P” (in attendance on-site); “O” (in attendance online); “H” (Holiday), or “A” (Absence, and note reason above. Absences include school closures and instructor cancelled classes)** | | | | | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | | Friday | | | Saturday | | |
| Week 1 |  |  |  |  |  | |  | | |  | | |
| Week 2 |  |  |  |  |  | |  | | |  | | |
| Has the participant attended all scheduled classes? | | | | | | | | | Yes | | | No |
| Is the participant successfully progressing through the listed course? | | | | | | | | | Yes | | No | |
| If no to either question, please explain: | | | | | | | | | | | | |
| Instructor Signature: | | | | | | | | Date:     /    / | | | | |

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| **Certification** | |
| **Notice of Certification:**  I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to $25,000. Violators may also face federal felony charges. I have the right to inspect this information and initiate appropriate corrections through the LWIA administering agency. I hereby authorize the Training Provider to release information required to verify training status from the date of signature. I agree to provide the career planner all class schedules, grades, progress reports, attendance reports, billing information and program outcome documentation (diploma, certificate).  **I understand that I am required to attend all scheduled classes and activities. Failure to attend even one class or activity is considered ceased participation and will affect my eligibility for unemployment Insurance (UI) and Trade Adjustment Assistance (TRA), and may affect my ability to continue in training.** | |
| Participant Signature: | Date:     /    / |
| **APPEAL RIGHTS** *If you disagree with this determination, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security (“IDES”) within thirty (30) calendar days after the date at the top of this letter. If the last day for filing your request is a day that IDES is closed, the request may be filed on the next day that IDES is open. Please file the request by mail to: IDES P.O. Box 19509 Springfield, IL 62794 or fax to: 217-557-4913. Any request submitted by mail must bear a postmark date within the applicable time limit for filing.* | |