Name: ____________________________ NY ____________________________
Class: ____________________________ Facility: ____________________________

Week #1
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #2
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #3
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #4
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #5
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #6
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #7
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #8
Date: ____________________________
# of Classes Attended: __________
# of Hours Attended: __________

Week #9
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.