



**Michael's Way, Inc.
Time and Attendance Verification Form**

Participation in Michael's Way, Inc. training services requires completion of training attendance. The training instructor will verify time and attendance by marking the participant **P** (present) or **A** (absent) on each day of training and signing the **Instructor's Signature** column.

ALL SECTIONS OF THIS FORM MUST BE LEGIBLY COMPLETED, SIGNED AND MAILED TO MICHAEL'S WAY.

Student Name: _____

Training Provider: _____

									Week Ending Date:	
Start Time	End Time	Course # or Name	M	T	W	T	F	S	Weekly Total	Instructor's Signature
									Week Ending Date:	
Start Time	End Time	Course # or Name	M	T	W	T	F	S	Weekly Total	Instructor's Signature

At the End of Every Two (2) Weeks of Class

Mail this form to:

Michael's Way, Inc.
P. O. Box 6543
Greenville SC 29606-6543