

## KRG Sustainable Employment Department

## **Training Attendance Sheet**

					For the p	eriod of:						То:				
Course Name:	Social Insurance			Community: First Week				Se				File Number: ET				Total
Name	Number	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Hours
Name	Number	Sun.	won.	rues.	wea.	inurs.	Fri.	Sat.	Sun.	ivion.	rues.	wea.	inurs.	Fri.	Sat.	Hours
		*For eac	ch day of	the week	, write th	e total ni	ımber of	hours th	e trainee	participa	ted in tra	aining (e.	g. 5.5)			

PREPARED BY:		DATE:	
_	signature		

Please submit to Sheila Gordon: <a href="mailto:shgordon@krg.ca">shgordon@krg.ca</a> or fax to 819-964-2934 every second Friday before 2pm.