



SNAP EMPLOYMENT and TRAINING

MONTHLY ATTENDANCE RECORD

Return Date: _____

Participant's Name: _____

TDLWD Career Specialist: _____

Phone #: _____

Educational Institution: _____ Course: _____

Instructor's Name (print): _____ Date: _____

Phone: _____

Instructor's Signature: _____ Email: _____

Student Awareness Statement:

My signature certifies my intent to enroll in a training component or Adult Education classes. I do hereby request and authorize the Instructor and Educational institution to provide any information regarding my attendance and performance to TDLWD. This form and its contents have been discussed with me and I understand the information to be obtained is for the purpose of establishing my eligibility in the SNAP Employment and Training Program.

Participant's Signature: _____ Date: _____

Received By: _____ Date: _____

TDLWD Career Specialist

Student: Please initial the days that you attend and obtain the instructor's signature by the return date (see attached).



MONTHLY ATTENDANCE RECORD

Name: _____ Month: _____

SUN	MON	TUE	WED	THU	FRI	SAT

Instructor's Name: _____
LB-3258



Instructor's Signature: _____
RDA 1586

MONTHLY ATTENDANCE RECORD

Name: _____ Month: _____

SUN	MON	TUE	WED	THU	FRI	SAT

Instructor's Name: _____

Instructor's Signature: _____

