

**SAN BERNARDINO COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT
ATTENDANCE AND PROGRESS REPORT**

Participant: _____ SSN: _____ ES: _____

Provider: _____ Training site: _____

Title of Training Course/Service: _____ Month/Year: _____

[illegible]

I certify the foregoing to be a correct account of the training hours. This attendance report has not been pre-completed or pre-signed.

Participant Signature

Date

Supervisor/Instructor Signature

Date