SEAL WORK READINESS TRAINING
SIGN-IN SHEET

WORKFORCE DEVELOPMENT BOARD NAME:

INSTRUCTOR NAME(S):

CLASS DATE, START AND END TIME:

IN PERSON OR VIRTUAL:

Date	Customer name	**For instructor use only:** If the student did not complete Work Readiness training, enter the actual number of hours attended.	
		Customer completed 6 – 10 hours of training?	**If no, how many hours were completed?**
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	

Date	**Customer name**	**For instructor use only:** If the student did not complete Work Readiness training, enter the actual number of hours attended.	
		Customer completed 6 – 10 hours of training?	**If no, how many hours were completed?**
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
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		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	
		○ Yes ○ No	