



# INDIVIDUALIZED PURCHASE OF TRAINING TIME SHEET

STUDENT'S NAME \_\_\_\_\_  
INSTITUTION NAME \_\_\_\_\_

WHEN FORM IS COMPLETED FAX OR DELIVER TO:  
**AKWESASNE AREA MANAGEMENT BOARD**  
**ATTN: PROGRAMS & SERVICES OFFICER**  
**P. 613-575-2626**  
**F. 613-575-2863**

TIME SHEET FOR THE PERIOD:

\_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_ TO \_\_\_\_\_

DATE \_\_\_\_\_

**ALL TIME AND SIGNATURES MUST BE FILLED IN ORDER TO RECEIVE PAYMENT.**

COURSE LISTINGS	MON	TUES	WED	THUR	FRI	SAT	SUN	PROFESSOR'S SIGNATURE

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**THE PROFESSOR'S SIGNATURE IS NECESSARY TO VERIFY ATTENDANCE FOR THAT DAY AND TIME.**  
**ATTENTION STUDENTS: PLEASE INDICATE TIME OF CLASS UNDER APROPRIATE DAY.**  
**ATTENTION PROFESSORS: PLEASE INDICATE P(Present) OR A(Absent) NEXT TO TIME OF CLASS.**