Form B - Use this form for self paced lab courses, clinicals, internships, practicums, tutoring, work study and study sessions.

SPOKANE FALLS COMMUNITY COLLEGE WorkFirst Attendance Report

Student Name _____ Student SID _____
Program_____ Phone number_____
Quarter_____ Year_____ Week of_____

Date	Time In	Time Out	Class/Activity	Faculty/Supervisor/Tutor Signature

Students - Please complete shaded areas prior to submitting for signature.

Submit this completed form to the WorkFirst Coordinator in the SFCC WorkSource Office,

Bldg. 17, Room 105 at the end of each week (Friday) and pick up a new sheet for the following week.

If you have questions please call Linda Kraus-Perez at 533-3521.

I acknowledge the information reported above is correct. Student Signature_____

Date_____

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