TRADITIONAL APPRENTICESHIP RELATED INSTRUCTION ATTENDANCE/CONTACT HOUR REPORT

CE-APP-237 (11-12)

12-

CLASS NUMBER

Name of Program & Occupation:

Instructor: Type of Instruction:

Reporting for Month of:

LEA NUMBER

	Name of Apprentice: Last / First Name	SSN	Dates / Start and End Time of Classes							AM	PM	Sub-Totals
1												0.0
2												0.0
3												0.0
4												0.0
5												0.0
6												0.0
7												0.0
8												0.0
9												0.0
10												0.0
11												0.0
12												0.0
13												0.0
14												0.0
15												0.0
16												0.0
17												0.0
18												0.0
19												0.0
20												0.0
21												0.0
22												0.0
23												0.0
24												0.0
25												0.0
26												0.0
27												0.0
28												0.0
29												0.0
30												0.0
31												0.0
											Total Contact Hours for Month	0.0

Signatures signify that the attendance report is accurate--Page 1 of 3

Signature of Instructor: _____ Date: 2/21/2012

Signature of Program Representative: _____ Date: 2/21/2012

NAME	SSN	DATE	Program
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0
0	0	1/0/1900	0

Type	Instructor	Hours	LEA	Class Number
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-
0	0	0	0	12-