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Rivers East
WORKFORCE DEVELOPMENT BOARD



GED Attendance Verification

GED Program Provider: _____

Semester Begin Date: _____ Semester End Date: _____

| Student Name | Month | Total Attendance Hours | Currently Enrolled (Y/N) | If not enrolled, last date attended |
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The information provided on this form will be used solely for required reporting and performance tracking for the NCWorks WIOA NextGen Program.

Printed Name: _____ Job Title: _____

Staff Signature: _____ Date: _____