

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Case Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Worker Telephone: \_\_\_\_\_

In order to receive supportive services for transportation and/or child care, we need you to provide information about your Welfare-to-Work activity attendance. Failure to provide this information could mean the loss of your supportive services and/or a Welfare-to-Work sanction.

**Submit This Report to Your Worker by:** \_\_\_\_\_.

**WTW Activity:** \_\_\_\_\_ **Report Month/Year:** \_\_\_\_\_

**WTW Activity Site Location:** \_\_\_\_\_

<b>WEEK 1:</b> Dates _____ to _____ Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<b>WEEK 2:</b> Dates _____ to _____ Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<b>WEEK 3:</b> Dates _____ to _____ Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<b>WEEK 4:</b> Dates _____ to _____ Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<b>WEEK 5:</b> Dates _____ to _____ Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total

**Did you miss any days in the**

**month?** YES  NO

If yes -

Date Missed: \_\_\_\_\_

Reason: \_\_\_\_\_

Date Missed: \_\_\_\_\_

Reason: \_\_\_\_\_

Date Missed: \_\_\_\_\_

Reason: \_\_\_\_\_

Reason for Absence:

CI=Child Illness

SI=Self Illness

H=Holiday

CC=Child Care Issues

O = Other (explain)

*If you are absent for more than 3 days, provide documentation for absence to your ECM.*

**Total Monthly Hours:**

<b>Activity Attendance Verified by:</b>	Name/Title	_____
	Signature	_____
	Date	_____
	Phone No.	_____

Contact your Employment Case Manager to report any changes in your activity.

**CERTIFICATION** - I certify under penalty of perjury that the information provided on this form is true and correct.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

