

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: _____

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

Activity Attendance Verified by:	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: _____

