

NEVADA COUNTY EMPLOYMENT SERVICES

988 McCourtney Rd.
 Grass Valley, CA 95949
 (530) 265-1760
 FAX: (530) 274-1049

Name: _____

Report Month/Yr: _____

Address: _____

Employment & Training

Worker Name: _____

City/Zip Code: _____

Check box if address is new.

WELFARE TO WORK MONTHLY ACTIVITY ATTENDANCE REPORT

Please list employment & approved activities from your Welfare to Work plan. Record the amount of time spent working or participating daily. See attached sample for directions for completing this form.

| Day of the Month ➔➔ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| Employed At: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Approved Activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PLEASE SIGN, DATE & RETURN BY THE 10TH OF THE FOLLOWING MONTH.

SEND COPIES OF PAYSTUBS TO VERIFY HOURS WORKED AND /OR VERIFICATION OF PARTICIPATION/ATTENDANCE HOURS IN ACTIVITIES.

By signing below, I certify that I am making satisfactory progress in my assigned activities as defined by my Welfare to Work Plan & I certify that the above information is true and correct.

Participant's Signature: _____ Date: _____ Phone Number: _____