


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>								<b>Dates</b> <input type="text"/>	<b>to</b> <input type="text"/>
Enter the NUMBER of hours completed:									
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		
<b>WEEK 2:</b>								<b>Dates</b> <input type="text"/>	<b>to</b> <input type="text"/>
Enter the NUMBER of hours completed:									
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		
<b>WEEK 3:</b>								<b>Dates</b> <input type="text"/>	<b>to</b> <input type="text"/>
Enter the NUMBER of hours completed:									
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		
<b>WEEK 4:</b>								<b>Dates</b> <input type="text"/>	<b>to</b> <input type="text"/>
Enter the NUMBER of hours completed:									
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		
<b>WEEK 5:</b>								<b>Dates</b> <input type="text"/>	<b>to</b> <input type="text"/>
Enter the NUMBER of hours completed:									
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		

**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	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text"/>
	Phone No.	<input type="text"/>

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:


Case Name:

Case Number:

Worker Name:

Worker Telephone:

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<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>		
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Date: