

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

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.*

<b>Total Monthly Hours:</b>
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<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: \_\_\_\_\_

