

EMPLOYMENT ATTENDANCE FORM

Notice Date: _____
 Case Name: _____
 Case Number: _____
 Worker Name: _____
 Worker Number: _____
 Telephone Number: _____
 Worker Hours: _____
 Address: _____

ADDRESSEE

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This report is due by _____. If not received, your supportive services for transportation and / or child care may go down or stop.

Report Month: _____

Instructions:

- For each activity you are participating in, a separate Attendance and Progress Report needs to be completed unless your Employment Counselor tells you differently.
- If you have a change in schedule and/or fail to attend your activity you must tell us why in the "comments" section and attach proof on the reason for not attending. You must also list holidays and/or breaks that you did not go to work.
- Only enter information for days you are scheduled to work.
- You must attach proof reported participation hours, such as pay stubs, time sheets, or employer reports.

Part A – Participant Completes This Section
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Name of Employer: _____ Job Title: _____

Is this a new job? Yes No

See reverse side for additional information

Employment Monthly Attendance Form

Part B - Participant Completes This Section

Participant Name: _____ Phone #: _____
 Case Number: _____ Worker Name/#: _____
 Month / Year: _____ Activity: _____

Date	Day of Week	Total Hours Worked	Comments (Reason for Absence; Change in Schedule)	County Use Only
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				

County Use Only:
 Total Activity Hrs: _____ Total Excused Hrs: _____ Total Holiday Hrs: _____ Total Monthly Activity Hrs: _____

I certify under the penalty of perjury the above information is a true and accurate record. I understand that incorrect information may result in an overpayment of ancillary and/or supportive services, and I am responsible for repayment.

 Participant Signature

 Date

 Authorized Staff Signature and Date

 Authorized Staff Phone Number