

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 school 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: _____.

Name of School: _____

Report Month/Year: _____

Are you still enrolled in school?

YES ☐ NO ☐

If NO, what date did you stop

attending? _____

Have you:

Dropped class(es)? YES ☐ NO ☐

Which class(es) _____

Added class(es)? YES ☐ NO ☐

Which class(es) _____

Did you miss any school days in the month? YES ☐ NO ☐

If yes, date(s) missed: _____

Reason(s): _____

Reason for Absence:

CI=Child Illness

SI=Self Illness

H=Holiday

SB=Semester Break

CC=Child Care Issues

O= Other (explain)

If you are absent for more than 3 days, provide documentation for absence to your ECM.

WEEK 1:	Dates _____ to _____							
Enter the NUMBER of hours for each activity:								
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 2:	Dates _____ to _____							
Enter the NUMBER of hours for each activity:								
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 3:	Dates _____ to _____							
Enter the NUMBER of hours for each activity:								
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 4:	Dates _____ to _____							
Enter the NUMBER of hours for each activity:								
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 5:	Dates _____ to _____							
Enter the NUMBER of hours for each activity:								
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								

Total Monthly Hours:

Contact your Employment Case Manager to report any changes in your school activity.

Submit this form and a **CURRENT** copy of your school registration information to your ECM. Signature of educational institution is optional.

CERTIFICATION - I certify under penalty of perjury that the information provided on this form is true and correct.

Participant signature: _____ Date: _____

Enrollment and Participation Verified By (Print Name): _____ Title: _____

Signature: _____ Date: _____ Telephone: _____

