116 HHSA (0609) - MONTHLY ATTENDANCE VERI	FICATION

COUNTY OF SAN DIEGO

MONTHLY ATTENDANCE	VERIFICATION

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: Dates ______ to _____ Are you still enrolled in school? WEEK 1: YES NO Enter the NUMBER of hours for each activity: Mon Wed Thu Sat Total If NO, what date did you stop Activity Tue Fri Class/Lecture attending? Supervised Lab Supervised Study Have you: to ____ WEEK 2: Dates Dropped class(es)? YES D NO D Enter the NUMBER of hours for each activity: Activity Mon Tue Wed Thu Fri Sat Total Which class(es) Class/Lecture Supervised Lab Added class(es)? YES INO I Supervised Study WEEK 3: Dates to Which class(es) Enter the NUMBER of hours for each activity: Wed Activity Mon Tue Thu Fri Sat Total Did you miss any school days in Class/Lecture the month? YES \Box NO \Box Supervised Lab Supervised Study If yes, date(s) missed: WEEK 4: Dates to Enter the NUMBER of hours for each activity: Reason(s): Activity Wed Thu Total Mon Tue Fri Sat Class/Lecture Supervised Lab Supervised Study WEEK 5: Dates to Reason for Absence: CI=Child Illness Enter the NUMBER of hours for each activity: SI=Self Illness Activity Tue Wed Thu Sat Total Mon Fri H=Holiday Class/Lecture SB=Semester Break Supervised Lab CC=Child Care Issues Supervised Study O = Other (explain)

Total Monthly Hours:

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

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.

CERTIFICATION - I certify that the information provided on this form is true and correct.					
Participant signature:		Date:			
Education Enrollment/Participation Verified By:		Title:			
Signature:	Date:	Telephone:			