
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: _____

WEEK 1: Dates _____ to _____							
Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
WEEK 2: Dates _____ to _____							
Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
WEEK 3: Dates _____ to _____							
Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
WEEK 4: Dates _____ to _____							
Enter the NUMBER of hours completed:							
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
WEEK 5: 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.

**Total
Monthly Hours:**

Activity Attendance Verified by:	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: _____

