

Monthly Attendance Report Form

Report for the Month of _____ 20____

Participant Address

GAIN/REP Office Address	
Participant Name:	
Case Number:	Date:

In order to make sure that we provide you with transportation and other services we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of _____ Year _____. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN/REP worker on or before _____. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GAIN Services Worker/REP Worker.

GSW/RCM Name:	File Number:	GSW/RCM Phone:	Fax:
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Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity:																Scheduled Hours	
Provider:																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	

* Colleges verify enrollment only Provider Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____

I still need transportation child care and/or other services

I am requesting to begin receiving transportation child care and/or other services

Date(s)	Hours absent	Reason(s) you did not Attend	<i>County use only: Number of hours GSW validates and lists source</i>

Activity:																Scheduled Hours	
Provider:																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	

* Colleges verify enrollment only Provider Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____

I still need transportation child care and/or other services

I am requesting to begin receiving transportation child care and/or other services

Date(s)	Hours absent	Reason(s) you did not Attend	<i>County use only: Number of hours GSW validates and lists source</i>

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.

Participant Signature: _____ **Date:** _____

THIS FORM IS REQUIRED EACH MONTH TO VERIFY YOUR PARTICIPATION

INSTRUCTIONS – PARTICIPANT

1. Please document daily attendance in your education/training activity by completing the following: (See example below). Do not report employment information on the form.

Activity: Vocational Training (Clerical Program)											Scheduled Hours 32					
Provider: Valley College																
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours	H	6			6	6		6	8			6	6	6	6	8
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours			H	6	6	6	8			8	6	6	6	6		122

* Colleges verify enrollment only Provider Stamp:

Contact Name: Jane Doe Title: CalWORKs Coordinator

Phone: (888) 891-8923 Signature: Jane Doe Date: 1/31/09

I still need transportation child care and/or other services

I am requesting to begin receiving transportation child care and/or other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source
1/7/09	6	Child was sick	6 Hours validated/ Dr. Statement
1/1/09 & 1/19/09	12	School Holiday	10 Hours validated/School Calendar

- **Days of the Month** - document actual hours attended per day
- **Absence Reporting**- if absent document date(s) and reason(s) you did not attend.
 - Below are reasons for excused absences:

Excused Absences
Absences approved by your activity provider
Holidays observed by the school administrators/provider
Medical appointments for you or children
Appointment with Eligibility or GAIN Services Worker
No child care
Transportation problems
School appointments
Job interviews
Illness for you or children
Family issues such as death in family, domestic violence...

- **Verification of absences must be attached to the Monthly Attendance Report form, GN 6365.**
 - **Verification can include doctor statement, provider statement or personal note signed by participant explaining reason for absence.**
 - **Total** – add the hours for the entire month
2. Once you have filled in your hours, sign and date the form, submit form to the CalWORKs Office in your school or training provider for signature.
3. Return completed form to your GAIN Services Worker by the due date indicated on the front of the form.

INSTRUCTIONS – SERVICE PROVIDER

- Please review form with participant and sign, print name, title, phone number, date, and use agency stamp.
- Once completed, the form may be faxed to the GAIN Services Worker listed in the front of the form, or given to participant to forward to GAIN Services Worker.