

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:

Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity: Scheduled Hours

Provider:

Table with 17 columns (Day 1-16, Total) and 2 rows (Hours, Hours) for recording attendance.

\* 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

Absence Reporting

Table with 4 columns: Date(s), Hours absent, Reason(s) you did not Attend, County use only: Number of hours GSW validates and lists source

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Provider:

Table with 17 columns (Day 1-16, Total) and 2 rows (Hours, Hours) for recording attendance.

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Phone: Signature: Date:

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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: