COUNTY	OF	SAN	DIEGO
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MONTHLY ATTENDANCE VERIFICATION

absence to your ECM.

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.

	Su	ubmit This	Report to	Your Work	er by:			
Name of School:					_	Report Month/Year:		
WEEK 1:	Datas		to					Are you still enrolled in school?
Activity	1		Wed	for each a Thu	1	Sat	Total	-
Activity	Mon	Tue	wea	Inu	Fri	Sat	Total	-
Class/Lecture								 If NO, what date did you stop
Supervised Lab								attending?
Supervised Study Unsupervised Study							-	
	Detec							-
WEEK 2:								Have you:
	Enter t	he NUMBE	R of hours	for each a	ctivity:			Dropped class(es)? YES □ NO □
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total	
Class/Lecture								Which class(es)
Supervised Lab								
Supervised Study								Added class(es)? YES □ NO □
Unsupervised Study								
WEEK 3:	Dates		to _					Which class(es)
	Enter t	he NUMBE	R of hours	for each a	ctivity:			
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total	Did you miss any school days in
Class/Lecture								the month? YES \square NO \square
Supervised Lab								
Supervised Study								
Unsupervised Study								If yes, date(s) missed:
WEEK 4:	Dates	• • • • • • • • • • • • • • • • • • • •	to					
	Enter t	he NUMBE	R of hours	for each a	ctivity:			Reason(s):
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total	
Class/Lecture								T
Supervised Lab								
Supervised Study								1
Unsupervised Study								Bassan for Absonse:
WEEK 5:	Dates	•	to					 <u>Reason for Absence</u>: CI=Child Illness
	Enter ti	he NUMBF	R of hours	for each a	ctivity:			SI=Self Illness
Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total	H=Holiday
Class/Lecture				1				SB=Semester Break
Supervised Lab				1				CC=Child Care Issues
Supervised Study		İ						O = Other (explain)
Unsupervised Study	1		1	1	1			1
	I			•	•			□ □ If you are absent for more than 3
				Total Mont	hly Hours	:		days, provide documentation fo

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 under penalty of perjury that the information provided on this form is true and correct.					
Participant signature:		Date:			
Education Enrollment/Participation Veri	ied By:	Title:			
Signature:	Date:	Telephone:			

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