COUNTY OF VENTURA HUMAN SERVICES AGENCY

MONTHLY ATTENDANCE RECORD

Client Name:	ient Name: Client Phone #:()														(Case Number: ES Worker:																			
PROVIDER(s):		MONTH/YEAR: R															ΓUR	N B	Y 5 th	· WC	RKI	NG I	DAY	OF	EAC	CH N	NON.	ГН (Use	blue	or b	lack	ink)		
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Note: Form must be Signed/Certified by Participant, Instructor, and/or College Staff for each activity and/or class in order to be valid.

COUNTY OF VENTURA SAMPLE HUMAN SERVICES AGENCY

MONTHLY ATTENDANCE RECORD

PROVIDER(s): Ox College, CSUN, Trade School MONTH/YEAR: 08/2017 RETURN BY 5 th WORKING DAY OF EACH MONTH (Use blue or black ink) Activity/Subject Instructor/Site Supervisor/Representative: List number of hours for each calendar day for each activity*	Client Name: JANE DOE Client Phone #: (XXX) XXX-XXXX Case Number: B123456 ES Worker: J. SMITH																																	
Activity/Subject																																		
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Note: Form must be Signed/Certified by Participant, Instructor, and/or College Staff for each activity and/or class in order to be valid.