## **COUNTY OF VENTURA**

## HUMAN SERVICES AGENCY

## MONTHLY ATTENDANCE RECORD

Client Name:									Clier	nt Ph	one #	<b>!:(</b>	)			(	Case	Num	ber:					ES V	Vorke	ər:						
PROVIDER(s):							P	MON		YEA	R:				RE	TUR	NB	Y 5 <sup>ti</sup>	<sup>h</sup> WC	) RKI	NG	DAY	OF	EAC		NON.	TH (	Use	blue	or t	black	k ink)
Activity/Subject				Ir	nstru	icto	r/Sit	e Su	perv	visor	r/Rej	pres	enta	itive:	: Lis	t nu	mbe	r of	hou	rs fo	r ea	ch c	alen	ıdar	day	fore	each	ı acti	ivity <sup>,</sup>	k		
Activity/Subject	1	2	3	4	5	6	7	8						14											25			28		30	31	TOTAL
1.																																
2.																																
3.																																
4.																																
5.																																
*Codes used for abse	nce: {	S=Si	ck H	l=Ho	liday	/ C=	Chil	d Ca	ire S	SB=S	Scho	ol B	reak	D	0 NC		AVE	BL/		S ON	DAY	S YO	SU A		SCHI	EDUL	ED 1	ГО А <sup>-</sup>	TTEN	ID AC	CTIV	ITIES
Participant Instructions											Activity Supervisor/Instructor/Counselor/ES Worker Certification															ation						
	<ol> <li>For Employment, attach proof of employment/self-employment verification. <u>No Supervisor Signature required.</u></li> </ol>													By my signature on the numbered line below, I certify that the participant named above has attended the corresponding activity number as stated above and is making satisfactory progress in the activity.															ı activity			
2. For Employment	2. For Employment, please enter actual hours worked per day.												1///// Da											Date								
	3. All other approved WTW Activities <u>must be</u> verified by Activity Supervisor's Certification and Signature.													Satisfactory Unsatisfactory Who is CERTIFYING: INSTRUCTOR COUNSELOR ES WORKER																		
4. If you are absent worker.	4. If you are absent more than 3 days, provide verification to your ES												Signature Comments C Satisfactory Unsatisfactory Who is CERTIFYING: INSTRUCTOR COUNSELOR ES W											Date VORKER								
5. Sign & date below	w.													3///////																		
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contacting the persor						doc	umei	nt, ar	nd gir	ve co	onse	nt for	r	Signature Comments											Date							
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Are you still enrolled in so	ipant Sig			No	Dic		dron	Dat any cla		2	Yes		0	٦S	Satisfac	ctory 🗌	] Unsat	isfactor	ry		۷	/ho is (	CERTIF	YING:		ISTRUC	TOR	□со	UNSEL	OR [	] ES W	VORKER
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County Use Partic	ipatior	n Hor	urs ((	Com	pare i	repor	rted h	ours	to cı	urren	t WT	W2 A	\ctivit	ty As:	signn	nent I	Plan)	)														
Only Home	work ł	Hour	s Ver	ified	By:	S 🗌	yllabu	ıs [	] Cat	talog		Copy	y of hα	omew	ork ve	ərifica	tion ir	ו case	∋ ( <b>Rec</b>	quirec	d) 🔲	Other										
	of Sylla								of Ed	lucati	ional	Plan	on Fi	le? 🗌	] Yes										•			🗌 Ye	əs 🗌	] No		
🗌 Sup	ervise	d Hor	newo	rk Tir	me Tc	otal (N	<b>/Ionth</b>	ıly): _									🗆 U	nsup	ervis	ed Hc	mew	ork 1	:1 Ra	itio?	🗌 Ye	es 🗆	No					

Note: Form must be Signed/Certified by Participant, Instructor, and/or College Staff for each activity and/or class in order to be valid.

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Client Name: JANE	ANE DOE Client Phone #: (XXX) XX										XXX-XXXX Case Number: B123456 ES Worker: J. SMITH																					
PROVIDER(s): Ox College, CSUN, Trade School MONTH/YEAR: 08/2017								17 F	RETURN BY 5 <sup>th</sup> WORKING DAY OF EACH MONTH (Use blue or black ink)																							
Activity/Subject				Ir	nstru	icto	r/Site																									
Activity/Oubject	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
1. BIO 101			1.5							1.25																						2.75
2. HISTORY 200								1.0		.75					S		н															1.75
3. SUP HOMEWORK																																
4. UNSUP HOMEWORK																																
5.																																
*Codes used for absend	ce: S	S=Sic	ck H	l=Ho	oliday	/ C=	Chil	d Ca	ire S	B=S	cho	ol Br	eak	D	D NC	DT LE	AVE	BLA	NKS	6 ON	DAY	'S YC	DU A	RE S	CHE	DUL	ED 1	'O A'	TEN	D A	CTIV	ITIES
Participant Instructions											Activity Supervisor/Instructor/Counselor/ES Worker Certification																					
	<ol> <li>For Employment, attach proof of employment/self-employment verification. <u>No Supervisor Signature required.</u></li> </ol>												By my signature on the numbered line below, I certify that the participant named above has attended the corresponding activity number as stated above and is making satisfactory progress in the activity.														activity					
2. For Employment, please enter actual hours worked per day.											1///													Date								
3. All other approved Supervisor's Certif							verif	ied b	oy Ac	tivit	у			Satisfactory Unsatisfactory Who is CERTIFYING: INSTRUCTOR COUNSELOR											OR 🗆							
<ol> <li>If you are absent more than 3 days, provide verification to your ES worker.</li> </ol>											Z											Date										
5. Sign & date below.														3. /											1							
														Signature Comments													Date					
					Certif					_				Satisfactory Unsatisfactory Who is CERTIFYING: INSTRUCTOR COUNSELOR ES WO												ORKER						
I understand that all Em														4/ Comments													/	Date				
contacting the person(s) who have signed this document, and give consent for my Employment Services Worker to do so.										⊡s	atisfac	tory 🗌		isfactor	у		W	/ho is C	ERTIF	YING:					JNSEL	OR 🗆		ORKER				
	SIGN HERE DATE HERE										5								_/									/				
Participa	nt Sigr	nature								Dat	e			Signature Comments												Date						
Are you still enrolled in scho	Are you still enrolled in school? 🛛 Yes 🗌 No 🛛 Did you drop any classes? 🗌 Yes 🔀 No									0	s	ausiac		onsdi		J		v	10 15 0				51100									
County Use Participa	ation		urs ((	Com	pare	repor	ted h	ours	to ci	irrent	WT\	N2 A	ctivit	v Ass	sianm	nent l	Plan)															

SAMPLE

HUMAN SERVICES AGENCY

	Participation Hours (Compare reported nours to current W I W2 Activity Assignment Plan)													
Only	Homework Hours Verified By: Syllabus Catalog Copy of homework verification in case (Required) Other													
	Copy of Syllabus on File? 🗌 Yes 🔲 No Copy of Educational Plan on File? 🗋 Yes 🗍 No Copy of Homework Verification on File (Required)? 🗋 Yes 🗍 No													
	Supervised Homework Time Total (Monthly):  Unsupervised Homework 1:1 Ratio? Yes No													

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