CalSAWS Project Office 14 WILBERT RD BURBANK, CA 70501

### **COUNTY OF**

Date: 01/13/2023 Case Name: Case Number:

Worker Name: Gingko Luna Worker ID: 90AS000090

Worker Phone Number: (333) 762-7125

# TEST USE ONLY

On the back of this sheet is the address for returning your form.

# DO NOT DISTRIBUTE

### **COUNTY OF**

Date: 01/13/2023 Case Name: Case Number:

Worker Name: Gingko Luna Worker ID: 90AS000090

Worker Phone Number: (333) 762-7125

## TEST USF

Please fold and ensure the County address information displays in the envelope window.

### ONLY

# DO NOT DISTRIBUTE

CalSAWS Project Office 14 WILBERT RD BURBANK, CA 70501

### **COUNTY OF**

Date: 01/13/2023 Case Name: Case Number:

Worker Name: Gingko Luna Worker ID: 90AS000090

Worker Phone Number: (333) 762-7125

### Welfare to Work School Attendance Report Form

TEST

Activity Type:				Activity ID:					
This report is f	or the month of	<del>:</del>	_						
COMPLETE,	SIGN AND R	RETURN THIS	FORM BET	WEEN THE 1	ST AND 5TH	CALENDAR	DAY OF EA	CH MONTH.	
	Schoo	ol-Provider		Program-Course					
				Address	_ 1				
		City		Phone					
		ITER THE NUM CE, INCLUDE					TUDENT		
Date	Class 1 Math 50	Class 2 Science 101	Class 3 Psy 107	Class 4 English 101	Class 5 Eco 101	Class 6 Civics 101	Class 7 Math 50	Class 8 Science 101	
03/01/2016	1		1	2		2			
03/02/2016		3	$\Lambda$ $\Lambda$		2				
03/03/2016		1	1	1		2			
03/04/2016				VII	2		1	2	
03/05/2016	1				2				
Date	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	

Date	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8

Please attach verification/documentation for absences and/or missed hours to this form, ex: Doctor's note.

I certify that the above is a correct and true statement of attendance.

Class 1: Provider's/Instructor's Signature	Date
Class 2: Provider's/Instructor's Signature	Date
Class 3: Provider's/Instructor's Signature	Date
Class 4: Provider's/Instructor's Signature	Date
Class 5: Provider's/Instructor's Signature	Date
Class 6: Provider's/Instructor's Signature	Date
Class 7: Provider's/Instructor's Signature	Date
Class 8: Provider's/Instructor's Signature	Date
Customer - PRINT NAME	
Customer's Signature	Date

### DISTRIBUTE

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