

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

USE

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

ONLY

DO NOT

DISTRIBUTE

Welfare to Work School Attendance Report Form

Date: 01/13/2023
Case Name:
Case Number:
Worker Name: Gingko Luna
Worker ID: 90AS000090
Worker Phone Number: (333) 762-7125

Activity Type: _____ Activity ID: _____

This report is for the month of: _____

COMPLETE, SIGN AND RETURN THIS FORM BETWEEN THE 1ST AND 5TH CALENDAR DAY OF EACH MONTH.

School-Provider	Program-Course
ONLY	
City	Address
Phone	

PLEASE ENTER THE NUMBER OF HOURS BY DATE AND CLASS TO INDICATE STUDENT ATTENDANCE, INCLUDE HOLIDAYS AND ABSENCES. (See EXAMPLE)

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			2			
03/03/2016		1	1	1		2		
03/04/2016					2		1	2
03/05/2016	1				2			

[illegible]

**TEST
USE
ONLY**

**DO NOT
DISTRIBUTE**