Participant Name: _____   Case Name/Number: _____

School Name: _____   Employment Case Manager (ECM): _____

Attendance Month/Year: _____   ECM Telephone: _____

This form is to be used to report actual hours of attendance in school related activities. Return this form to your ECM by the 5th of each month after the Attendance Month. (Example: Attendance Month is June. Form is due to your ECM by July 5th)

Section A: Changes (Please mark all that apply and explain):

☐ Stopped attending school: _____

☐ Dropped classes: _____

☐ Added classes:_____

☐ Missed classes: _____

Section B: Attendance Hours - **Enter the ACTUAL number of hours attended for each activity:**

WEEK 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 2	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**ECM Use Only**
Date:								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 3	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**ECM Use Only**
Date:								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 4	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**ECM Use Only**
Date:								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 5	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**ECM Use Only**
Date:								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
								Total Hours:

Section C: Certification – I certify under penalty of perjury that the information provided on this form is true and correct.

Participant Signature: _____   Date: _____

School or County Use Section Only

Participation Verified By (Print Name/Title): _____
(School Counselor or ECM)

Signature: _____   Date: _____   Telephone: _____

116 HHSA Monthly Attendance Verification (11-17)

Instructions for Completing the 116 HHSA Monthly Attendance Verification Form

- Attendance Month/Year: The month and year the student is reporting school attendance for.
- This form is due to the Employment Case Manager (ECM) by the 5th of the month after the attendance month.
  For example, if reporting attendance for June, this form must be turned in to the ECM by July 5th.

Section A: Changes
Complete this section if there are any changes to report in school or class status including date(s) when the change occurred. If the student missed school, include the absence date(s) and reason why class was missed.

Section B: Attendance Hours
- Date: Enter a date for each day of the week that actual attendance hours are being reported.
- Class/Lecture: Enter the actual number of hours the student attended class.
- Supervised Lab: Supervised lab must have an instructor present during the lab time. The lab requirement should also be listed on the student's class schedule. For example, a student may be required to attend a Biology lab in addition to a Biology class. Enter the actual number of hours the student attended.
- Supervised Study: Supervised study time is set up and monitored by the school. Enter the actual number of supervised study time hours the student completed.
- Unsupervised Study Time: Unsupervised study time is assigned by the school. Unsupervised study time counted towards Welfare-to-Work (WTW) participation is based on the time the student actually completed unsupervised study, up to allowable limits. Enter the actual number of unsupervised study time hours the student completed.

Section C: Certification
- Participant Signature: The participant must sign and date the form to certify that the information provided is true and correct.
- Participation Verified By: A school official or ECM must sign and date the form to verify that the information provided is accurate.