

County of <CountyName>

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

**Welfare-to-Work Program
Attendance and Progress
Report**

<RecipientMailingAddress>

Activity Type: _____ Activity ID: _____
Provider: _____ Phone #: _____ Month/Year: _____

DATE	DUTIES	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR/ INSTRUCTOR INITIALS

More space is provided on the reverse side of this page. Please continue filling if needed.

Provider must complete Instructor/Supervisor Evaluation, sign, and date the reverse side of this page.

Activity Type: _____ Activity ID: _____

Provider: _____ Phone #: _____ Month/Year: _____

DATE	DUTIES	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR/ INSTRUCTOR INITIALS

INSTRUCTOR/SUPERVISOR EVALUATION

Attendance	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Progress	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

PLEASE PROVIDE COMMENTS REGARDING THE CUSTOMER'S ATTENDANCE AND PROGRESS

The Service Provider will return this form to Welfare-to-Work (WTW) between the first (1st) and fifth (5th) calendar day of each month. If the customer terminates or completes the program the Service Provider will ***return this form to WTW within five (5) calendar days.***

Customer completed program: _____
Date

Customer no longer attending: _____
Date

Provider Signature: _____ Date: _____