COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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

Monthly Attendance Report Form

Report for the Month of _____ **20** ____

In order to make sure that we provide you with transportation and other services, we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of _____ Year _____. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN Services Worker/REP Case Manager (GSW/RCM) on or before the **10th** of the month following the Report Month. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GSW/RCM.

GSW/RCM Name:	Worker ID:	GSW/RCM Phone:	Fax:

Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity: Scheduled Hours:
Provider #1:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours																

* Colleges verify enrollment only

Provider #1 Stamp:

One Stamp per Provider

Contact Name: _____ Title: _____
Phone: _____ Signature: _____ Date: _____

☐ I still need ☐ transportation ☐ child care and/or ☐ other services
☐ I am requesting to begin receiving ☐ transportation ☐ child care and/or ☐ other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	*County use only: Number of hours GSW validates and lists source*

Activity: Scheduled Hours:
Provider #2:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours																

* Colleges verify enrollment only

Provider #2 Stamp:

One Stamp per Provider

Contact Name: _____ Title: _____
Phone: _____ Signature: _____ Date: _____

☐ I still need ☐ transportation ☐ child care and/or ☐ other services
☐ I am requesting to begin receiving ☐ transportation ☐ child care and/or ☐ other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	*County use only: Number of hours GSW validates and lists source*

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.

Participant Signature: _____ Date: