

San Benito County Attendance Form

Month/Year: _____

CLIENT NAME:

(First, Middle, Last)

Case#:

SBC Worker:

STUDENT IS TO COMPLETE THIS SECTION-PLEASE PRINT CLEARLY

My travel time from home/childcare provider to my WTW activity each way is ½ Hour 1 Hour Other _____

My daily lunch break is: ½ Hour 1 Hour

List the activity name, number of hours you worker and/or participated in your assigned WTW activity(ies) each day during the reported month. Report all time spent in your activity, round to the nearest quarter of the hour (ex: .25, .50, .75, 1) If you did not participate write "0" on that day, write a reason such as sick, medical appointment, or holiday. Attach proof of any medical, court or other mandatory appointments not part of your WTW activity. *****Do not include travel time or lunch time in the total hours.*****

Date	Activity 1:		Activity 2:		Activity 3:		Total Hrs per day	
		Total Hrs		Total Hrs		Total Hrs		
	<i>EXAMPLE</i>		<i>EXAMPLE</i>		<i>EXAMPLE</i>			
	<i>Gavilan College</i>		<i>Employment</i>		<i>Gavilan College</i>			
	<i>9:00am-11:30pm</i>	<i>2.5</i>	<i>1:00pm-5:00pm</i>	<i>4</i>	<i>6:00pm-8:15pm</i>	<i>2.25</i>	<i>8.75</i>	
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Total Monthly Hrs:			Total Monthly Hrs:			Total Monthly Hrs:		
Initials/Date:			Initials/Date:			Initials/Date:		

Certification: I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this report is true and correct.

Client Signature: _____ Phone # _____ Date: _____

Address: _____