



## TIME AND ATTENDANCE

The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

Name: \_\_\_\_\_  
 Program: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_  
 Location: \_\_\_\_\_

Have you moved in the past month:  Yes  No  
 Report Month \_\_\_\_\_ Year \_\_\_\_\_

New Address: \_\_\_\_\_  
 New Phone: \_\_\_\_\_

WEEK # 1	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
DATE								
Hours Scheduled								
Hours Attended								
Study Hall Hours								

WEEK # 2	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
DATE								
Hours Scheduled								
Hours Attended								
Study Hall Hours								

WEEK # 3	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
DATE								
Hours Scheduled								
Hours Attended								
Study Hall Hours								

WEEK # 4	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
DATE								
Hours Scheduled								
Hours Attended								
Study Hall Hours								

WEEK # 5	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
DATE								
Hours Scheduled								
Hours Attended								
Study Hall Hours								

**DO NOT WRITE IN THIS BOX**

Component Code	_____
Start Date	_____
Recoupment	_____

Please indicate participant progress below:

	Satisfactory	Needs Improvement	Unsatisfactory
Attendance:	_____	_____	_____
Quality of Work:	_____	_____	_____
Completion of Work:	_____	_____	_____

Overall this participant is making satisfactory progress:  Yes  No  
 Please identify any problems:

Authorized Signature: _____	Date: _____	Structured Study Hall Monitor Signature: _____	Date: _____
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- You must notify your PROMISE JOBS worker before making any changes related to your training program.
- Return this form as soon as possible. You or your training provider must return it within 10 calendar days after the end of the month. If your training provider unexpectedly refuses or fails to complete this form, you must return it within 5 working days after your PROMISE JOBS worker asks you to complete it. Failure to return this form within these time frames or failure to report correct information may result in termination of your training plan or, in some cases cancellation of your Family Investment Program (FIP) benefits.

I certify that the above information is accurate and complete.

Return to:

Participant Signature	Date
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