

**Monthly Attendance Report Form**

**Report for the Month of November 2021**

Participant Address

Marisela Corona  
3041 W. Avenue K  
Lancaster, CA 93556

|  |                         |
|--|-------------------------|
| GAIN/REP Office Address<br>The Palmdale GAIN Office<br>1050 E. Palmdale Blvd - Suite #204 Palmdale, CA 93550 |                         |
| Participant Name: <b>Marisela Corona</b>   |                         |
| Case Number: <b>B123456</b>  | Date: <b>12/01/2021</b> |

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 November Year 2021. 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 12/10/2021. 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:<br><b>Angela Redmon</b> | File Number:<br><b>2C02</b> | GSW/RCM Phone: | Fax: |
|---------------------------------------|-----------------------------|----------------|------|

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

Activity: **Class Time** Scheduled Hours: **\*\*PLEASE NOTE: Hours vary based on your course schedule.**

Provider #1: **Antelope Valley College**

|       |      |      |      |      |    |      |      |      |      |      |    |    |      |      |      |       |
|-------|------|------|------|------|----|------|------|------|------|------|----|----|------|------|------|-------|
| Day   | 1    | 2    | 3    | 4    | 5  | 6    | 7    | 8    | 9    | 10   | 11 | 12 | 13   | 14   | 15   | 16    |
| Hours | 1:20 | 3:05 | 2:05 | 2:10 |    |      |      | 1:20 | 3:05 | 2:05 | H  |    |      |      | 1:20 | 3:05  |
| Day   | 17   | 18   | 19   | 20   | 21 | 22   | 23   | 24   | 25   | 26   | 27 | 28 | 29   | 30   | 31   | Total |
| Hours | 2:05 | 2:10 |      |      |    | 1:20 | 3:05 | 2:05 | H    |      |    |    | 1:20 | 3:05 |      |       |

\* Colleges verify enrollment only  
 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 |
|------------|--------------|------------------------------|---|
| 11/11/2021 | 2:10         | School Holiday               |   |
| 11/25/2021 | 2:10         | School Holiday               |   |

Activity: **Study Time** Scheduled Hours: **\*\*\*STUDY TIME CALCULATION: for every 1 hour of Class Time, you get 3 hours of Study Time**

Provider #2: **Antelope Valley College**

|       |      |      |      |      |    |      |      |      |      |      |    |    |      |      |      |       |
|-------|------|------|------|------|----|------|------|------|------|------|----|----|------|------|------|-------|
| Day   | 1    | 2    | 3    | 4    | 5  | 6    | 7    | 8    | 9    | 10   | 11 | 12 | 13   | 14   | 15   | 16    |
| Hours | 4:00 | 9:15 | 6:15 | 6:30 |    |      |      | 4:00 | 9:15 | 6:15 | H  |    |      |      | 4:00 | 9:15  |
| Day   | 17   | 18   | 19   | 20   | 21 | 22   | 23   | 24   | 25   | 26   | 27 | 28 | 29   | 30   | 31   | Total |
| Hours | 6:15 | 6:30 |      |      |    | 4:00 | 9:15 | 6:15 | H    |      |    |    | 4:00 | 9:15 |      |       |

\* Colleges verify enrollment only  
 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 |
|------------|--------------|------------------------------|---|
| 11/11/2021 | 6:30         | School Holiday               |   |
| 11/25/2021 | 6:30         | School Holiday               |   |

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: **Marisela Corona** Date: **12/01/2021**