

<b>Date:</b>	<b>Participant's Name:</b>	<b>CIN Number:</b>	<b>OBWP:</b>
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**Hamilton County Job and Family Services  
Record of Attendance Report  
Report Month/Year: \_\_\_\_\_**

Scheduled Activity (choose one):

- Subsidized Employment   
 Work Experience   
 Community Service   
 OJT   
 School  
 Vocational Training   
 Job Skills Training   
 Other (Specify)

Activity Location/Site:	Hours Assigned per week:
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**ATTENDANCE: Enter Hours Present OR**

**F = Failure to Report; H = Holiday; N = Not Scheduled; C = Business Closure Due to an Emergency**

Month _____	SU	M	T	W	TH	F	SA	Total
Week 1*								
Hours Completed								

Month _____	SU	M	T	W	TH	F	SA	Total
Week 2*								
Hours Completed								

\*Enter the day of the week. For example, if Monday is the 29<sup>th</sup> day of the month, then enter 29 under M, 30 under T, etc.

Comments:

Site Supervisor:	Site Supervisor Phone Number:	Date:
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<b>Office Use Only</b>		
<b>For Phone Confirmation of hours of participation, staff shall complete the following information and maintain in the participant's case file.</b>		
Case Worker:	Date of Telephone Call:	
Person Providing Information:	Site Location:	Phone Number:
<b>Document:</b> Hours of Attendance/Excused Absences Credited/Excused Absences Not Credited/Failure to Report, Comments/Placement, Termination		