

SONOMAWORKS ATTENDANCE RECORD

CLIENT NAME						CASE #		MONTH/YEAR		WORKER INFORMATION					
ACTIVITY #1															
						Employer/Provider:				Facilitator Signature (if required)					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
County Use Only:						Hours Verified. Initials: _____ Total Hours: _____				Hours Entered By:		Transportation/JSS/CESP Mileage:			
Excused Hrs Counted:						Service Arrangement ID #									
ACTIVITY #2															
						Employer/Provider:				Facilitator Signature (if required)					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
County Use Only:						Hours Verified. Initials: _____ Total Hours: _____				Hours Entered By:		Transportation/JSS/CESP Mileage:			
Excused Hrs Counted:						Service Arrangement ID #									
ACTIVITY #3															
						Employer/Provider:				Facilitator Signature (if required)					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
County Use Only:						Hours Verified. Initials: _____ Total Hours: _____				Hours Entered By:		Transportation/JSS/CESP Mileage:			
Excused Hrs Counted:						Service Arrangement ID #									

I certify that all reported hours are true and correct.

Client Signature: _____ Date: _____

Reason for any absences:

Example of How to Complete Attendance Form

Activities that require a Facilitator Signature:

Assessment
 Domestic Abuse
 Family Stabilization
 Learning Awareness
 Legal Services
 CalWORKS Study Job Search

Community Enhancement Service Program (CESP)
 Job Readiness Support Program
 Job Search Services
 TWP-Job Preparation
 Orientation/Appraisal

Activities that do not require a Facilitator Signature

Employment
 Job Retention (JRS) - Employment, Mental Health, SUDS
 Mental Health
 Substance Use Disorder Services (SUDS)
 Mobility

You are required to submit all attendance within 5 working days of the end of the month.

- 1) Fill in Name, Case Number, Month and Year you are reporting activity hours. Employment & Training Counselor (ETC) Name and Number
- 2) Fill in Employer/Provider Name next to activity name
- 3) Enter the time spent each day. Report in whole hours or to the nearest quarter of the hour

15 minutes = .25 30 minutes = .50 45 minutes = .75 *Example: if you attended 1 hour and 15 minutes, write 1.25 hours*

ACTIVITY #1																										
Community Enhancement Service Program (CESP)					Employer/Provider: Goodwill					Facilitator Signature (if required) <i>John Doe</i>																
1	2	3	4	8	5	6.5	6	7	7	8	9	10	11	12	13	14	15	16								
17	18	19	20		21		22		23		24		25		26		27		28		29		30		31	TOTAL HOURS

Be sure to sign and date the attendance record after all recorded hours. Hours reported after the signature date or after the date attendance is submitted cannot be accepted.

ETC - please pre-populate forms with client name, case number, and worker information whenever possible.

To Submit, you can either:

- 1) Bring in person to 2227 Capricorn Way, Suite 100, Santa Rosa, CA. Attendance can be submitted at reception during regular business hours or at the drop box in front of the building at any time
- 2) Upload document to benefitscal.org; may require you to set up an account online
- 3) Mail to: Sonoma County Human Services Department - Employment & Training Division, PO Box 1539, Santa Rosa, CA 95401