

Employment and Training Weekly Activity Verification Form

This form is to be completed and returned to the County Assistance Office (CAO) each week to document time spent participating in approved activities.

Week ending (Saturday): _____

Return date to CAO: _____

CLIENT NAME	CO/RECORD #	CAO NAME AND ADDRESS	CAO FAX #	CASEWORKER	CAO TELEPHONE
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<input type="checkbox"/> Job Search/Job Readiness Code 44, 28 (other)	<input type="checkbox"/> Rehabilitative Services Code 49	<input type="checkbox"/> Vocational Education Training Code 14, 16 or 24 Study time should be listed on a separate line. Program Major	<input type="checkbox"/> Community Service Programs Code 20 or 32 Maximum weekly hours	<input type="checkbox"/> Work Study Code 31	<input type="checkbox"/> Providing Child Care for a Community Service Participant Without Payment Code 6	<input type="checkbox"/> On-the-Job Training Code 22 (TANF only)	<input type="checkbox"/> Work Experience State Office Demonstration (WESOD) Code 36	<input type="checkbox"/> Other Activity Explain
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DATE	TYPE OF ACTIVITY	ACTIVITY CONTACT PERSON AND PHONE #	ACTIVITY FAX #	AUTHORIZED ACTIVITY CONTACT'S SIGNATURE	BEGIN TIME	END TIME	TOTAL DAILY HOURS

COMMENTS

My signature indicates that the information on this form accurately reflects my attendance for the week.

CLIENT SIGNATURE	DATE	CAO SIGNATURE (signature confirms activity & hours based on AMR/EDP)	DATE
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Client and Authorized Activity Contact Person Instructions

A: General Instructions for Completing the Form

1. Mark which activity(ies) you are participating in.
2. Enter the date, activity and all contact information.
3. Enter the actual hours and the total time spent in the activity.
4. Form must have your signature and the Authorized Activity Contact's Signature
5. One signature per agency per week is acceptable.

B: Additional Information

1. Job Search/Job Readiness and Rehabilitative Services

- a. Limited to 12 weeks in a rolling 12 month period. Job search/job readiness may only be counted for 4 consecutive weeks.
- b. May include rehabilitative services (AC49) which includes treatment related to substance abuse, family violence, child services and mental health counseling.
- c. Form is completed for time spent at the CAO or CareerLink.
- d. Form is completed for applications and interviews. Please enter (I) for interview, (L) at the employer's location or (O) online under type of activity.
- e. Proof of completed applications must be given to the CAO. The following verification if submitted (though not required) will assist the CAO in validating information provided but is not verification of the job alone: Business cards of employers; Copies of completed applications; Email or electronic confirmation that an on-line application has been submitted; Information from job fairs or training offered by agencies such as CareerLink.

2. Vocational Education

- a. May count as your "core" activity for 12 months.
- b. Enter actual time spent in the classroom.
- c. Unmonitored study time may only count up to one (1) hour for every hour of classroom time.
- d. Monitored study time must be validated by the Authorized Activity Contact.
- e. Unmonitored study time should be listed separately.

C: Holidays

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| 1. New Year's Day | 6. Labor Day |
| 2. Martin Luther King, Jr. Day | 7. Columbus Day |
| 3. Presidents' Day | 8. Veterans Day |
| 4. Memorial Day | 9. Thanksgiving Day |
| 5. Independence Day | 10. Christmas Day |

Place an "H" beside the "Date".