

WELFARE TO WORK MONTHLY ACTIVITY & TRANSPORTATION REPORT

This report is for _____, _____
MONTH YEAR

Employment Specialist: _____

Name: _____

Address: _____

4545 Delta Fair Blvd.
Antioch, CA 94509

3105 Willow Pass Rd.
Bay Point, CA 94565

500 Ellinwood Way
Pleasant Hill, CA 94523

400 Ellinwood Way
Pleasant Hill, CA 94523

1305 MacDonald Ave.
Richmond, CA 94801

151 Linus Pauling Dr.
Hercules, CA 94547

1535 D Third Street
Richmond, CA 94801

Participant Social Security Number: _____

Home phone: (____) _____ Work phone: (____) _____

You can call me at work: Yes No

I AM PARTICIPATING IN THE FOLLOWING ACTIVITIES:

(Check all activities that apply and list the number of hours attending)

Vocational Education/Training _____ Hours per week

Work Experience _____ Hours per week

Community Service _____ Hours per week

General Education (GED) _____ Hours per week

Job Search _____ Hours per week

College _____ Hours per week

Employment _____ Hours per week

Other (name) _____, _____ Hours per week

EMPLOYMENT INFORMATION:

HAVE THERE BEEN ANY CHANGES TO YOUR CURRENT EMPLOYMENT? YES NO.

IF YES, PLEASE EXPLAIN BELOW:

IS THIS A NEW JOB? YES NO. IF YES, ANSWER THE FOLLOWING QUESTIONS:

NAME OF EMPLOYER: _____ WORK ADDRESS: _____

WHAT DATE DID YOU START WORK? _____ WHEN DO YOU EXPECT YOUR FIRST PAYCHECK? _____

HOW MUCH DO YOU MAKE PER HOUR? _____ HOW MUCH DO YOU MAKE PER MONTH? _____

HOW MANY HOURS DO YOU WORK EACH WEEK? _____ IF ON CALL, HOW MANY HOURS EACH WEEK? _____

YOU MUST ALSO COMPLETE THE TRANSPORTATION INFORMATION ON THE BACK OF THIS FORM. IF YOU HAVE QUESTIONS OR NEED ADDITIONAL FORMS, PLEASE CONTACT YOUR EMPLOYMENT SPECIALIST.

WELFARE TO WORK MONTHLY ACTIVITY & TRANSPORTATION REPORT

Participant Name: _____

Social Security Number: _____

Transportation Method Used: I Drove Public Transportation Ride Other: _____

Any changes in Transportation Cost this month? Yes No

If "Yes," please explain: _____

THIS REPORT IS FOR: (MONTH/YEAR) _____ / _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date: _____ Mileage or Pub. Transp. Cost: Parking:						
Date: _____ Mileage or Pub. Transp. Cost: Parking:						
Date: _____ Mileage or Pub. Transp. Cost: Parking:						
Date: _____ Mileage or Pub. Transp. Cost: Parking:						

I certify that I was in full and regular attendance in my Welfare to Work activities. I have notified my Employment Specialist of any absences or schedule changes.

SIGNATURE: _____ **DATE:** _____

YOU MUST ALSO COMPLETE THE WELFARE-TO-WORK ACTIVITY INFORMATION ON THE BACK OF THIS FORM. IF YOU HAVE QUESTIONS OR NEED ADDITIONAL FORMS, PLEASE CONTACT YOUR EMPLOYMENT SPECIALIST.

FOR COUNTY USE ONLY

Number of trips by Public Transportation _____

Cost: _____

Number of trips Advanced _____

Cost: _____

Mileage per Trip _____ X Number of Trips _____

= Total Miles _____

X Cost per Mile \$ _____

+ Parking \$ _____

= Total Paid \$ _____