

# How To Complete Your Monthly Activity Report (MAR)

This must be turned in by the 10<sup>th</sup> of every month.

List your activity here. This could be employment, job search activities, counseling, or other activities agreed upon with your Employment Services Social Worker. List each activity on a separate page.

In order to receive supportive services for transportation and/or child care, we need you to provide information about your Welfare-to-Work activity attendance. Failure to provide this information could mean the loss of your supportive services and/or a Welfare-to-Work sanction.

Submit This Report to Your Worker by:

WTW Activity:  Report Month/Year:

WTW Activity Site Location:

Record any absences and the reason why you were absent.

WEEK 1:		Dates		<input type="text" value="04/05/2021"/>	to		<input type="text" value="04/11/2021"/>		
Enter the NUMBER of hours completed:									
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total		
	8	8	8	8			32		
WEEK 2:		Dates			to				
Enter the NUMBER of hours completed:									
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total		
WEEK 3:		Dates			to				
Enter the NUMBER of hours completed:									
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total		
WEEK 4:		Dates			to				
Enter the NUMBER of hours completed:									
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total		
WEEK 5:		Dates			to				
Enter the NUMBER of hours completed:									
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total		

Did you miss any days in the month?  
YES  NO

If yes ...  
Date Missed:   
Reason:

Date Missed:   
Reason:

Date Missed:   
Reason:

**Reason for Absence:**  
CI=Child Illness  
SI=Self Illness  
H=Holiday  
CC=Child Care Issues  
O = Other (explain)

If you are absent for more than 3 days, provide documentation for absence to your ECM.

Record the hours that you participated in the activity for each day. Enter the dates for each week, the hours for each day, and then total them at the end of each week. Use the Time Conversion Chart to determine correct participation hours.

Activity Attendance Verified by:	Name/Title	Bob the Boss, Supervisor
	Signature	<i>Bob the Boss</i>
	Date	04/11/2021
	Phone No.	530-555-1212

Total Monthly Hours:

Contact your Employment Case Manager to report any changes in your activity.

Your supervisor must verify your hours

**CERTIFICATION** - I certify under penalty of perjury that the information provided on this form is true and correct.

Participant signature:  Date:

WTW 567 MAR UPDATED 4-21

Don't forget to sign and date your form!

Total your hours for the month here.