

**SONOMAWORKS MILEAGE & ATTENDANCE RECORD**

CLIENT NAME	CASE #	MONTH/YEAR	WORKER INFORMATION

ACTIVITY																				
											Employer/Provider:					Supervisor Signature (if required)				
Date and Hours:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Mileage:																				
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

Total Hours: \_\_\_\_\_

Total Mileage: \_\_\_\_\_

I certify that all reported hours are true and correct.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reasons for any absences:

**County Use Only:** Activity hours verified?

Total Hours: \_\_\_\_\_ Excused Hours Counted: \_\_\_\_\_

Total Miles Approved: \_\_\_\_\_ Hours Entered: \_\_\_\_\_

Service Arrangement ID # \_\_\_\_\_

*Transportation (Total Miles x Rate) :*

**Education Only:**

Class hours \_\_\_\_\_ + Study hours \_\_\_\_\_ = Total Hours \_\_\_\_\_

Holiday/Excused Hours: \_\_\_\_\_

Student participating in scheduled classes & making satisfactory progress. **Worker Signature:**

**Example of How to Complete Mileage Attendance Form**

Use the Mileage Reimbursement form to report mileage to and from your Activity. This is how you are reimbursed for transportation. Your SonomaWORKS Employment & Training Counselor (ETC) will determine when you are eligible for mileage reimbursement.

Note: This form is not to be used for Job Search or Community Service.

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) Employer/Provider - should be the name of your employer or school; include if not completed. Facilitator Signature **not** required for employment or school
- 3) Date and Hours box - the numbered boxes correspond with the dates of the month; record hours of your scheduled activity in this box  
 15 minutes = .25    30 minutes = .50    45 minutes = .75    *Example: if you attended 1 hour and 15 minutes, write 1.25 hours*
- 4) Mileage box - record the total miles, round trip from your home to your approved activity

Unsubsidized Employment			Employer/Provider: ABC Company								Facilitator Signature (if required)				
<b>Date and Hours:</b>	1 Off	2 8	3 8	4 8	5	6	7	8	9	10	11	12	13	14	15
<b>Mileage:</b>		68	68	68											

***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](http://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