

**SONOMAWORKS SCHOOL ATTENDANCE RECORD**

CLIENT NAME	CASE #	MONTH/YEAR	WORKER INFORMATION

ACTIVITY																
																School Name:
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
In person class hours																
Online class hours																
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
In person class hours																
Online class hours																

I certify that all reported hours are true and correct.

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

Reasons for any absences:   
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<b>COUNTY USE ONLY:</b>	Hours Entered By: _____
Class Hours _____ + Study Hours _____ = Total Hours for the Month _____	Service Arrangement ID # _____
Excused/Holiday Hours _____	
	<u>Transportation Rate:</u>
<i>Student participating in scheduled classes &amp; making satisfactory progress.</i>	
Worker Signature: _____	

**Example of How to Complete School Attendance**

*Use this attendance form for the following activities:*

- Vocational Education & Training (VET)
- Job Skills Training (JST)
- Self Initiated Program (SIP)

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 School 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*

**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

ACTIVITY																
Job Skills Training (JST)							School Name: SRJC									
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
In person class hours	1		1	Hol.	1											
Online class hours	2				2											

***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.