Colorado Works Program Work Activity Monthly Tracking Sheet

County: Weld	Time Period Covered (month / year):
Participant Name:	Participant Telephone:
Participant Address:	
Case Manager Name:	
A	Attention Colorado Works Participant:
Please provide all of the information requested below and return	rn this form to your caseworker at the following location by the date specified.
Date Due:	Location: 315 North 11 th Avenue, Building B
Phone Number: (970) 353-3800 ext.	Greeley, Colorado 80632

Please enter the total number of hours you participated in all work activities outlined under "work activity" for the reporting month. Hours reported here should not include time for transportation to and from the work activity site. Transportation time can only be counted if it was a part of a work activity, such as traveling as a part of paid or unpaid work (delivery driver) or the time between job contacts/interviews. Also, homework time reported here will only be allowed for 1 hour for every classroom hour scheduled. Other homework time can be included only if it is supervised. Do not enter any hours for holidays or excused absences.

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Work Activity	01	02	03	04	05	06	07	80	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Please Complete # 1 - 4 below

1.	Were you absent from any activity this month?	☐ Yes each absence:
2.	How would you rate your recent progress in your assigned activity? Please explain why you rated your progress as such:	Outstanding Satisfactory Unsatisfactory
3.	Are you in need of any assistance? No If yes, please describe the assistance needed:	☐ Yes
4.	Are you employed?	☐ Yes
	If yes, please provide the following information: Employer Name:	Start Date:
	Address:Phone Number:Hours per Week:	Supervisor:
	I hereby certify that the hours red	corded are true and correctly reported.
	rticipant Signature:	
Pri	mary Supervisor Signature:	Date:
	mary Supervisor Signature:	
Su	pervisor comments, if applicable:	
	imary Supervisor" is the person responsible for supervision of work activity the rk activity(s) they supervise in the month or provide supplemental documents	nat yields the most hours in the month. Secondary Supervisors shall initial next to the ation to this form regarding hours in specific work activities.
3.0	FOR OFFI	CIAL USE ONLY
	ereby certify that to the best of my knowledge, the work activities performed lorado's Work Verification Plan and County and State approved policies per	
Cc	lorado Works Case Manager Signature:	Date:
	Excused Absend	es and Holiday Hours
ab the Re	sence occurred and report the total number of excused hours. For **holiday e number of holiday hours. Excused absences / holidays apply to unpaid wo	participation rate, please indicate "EA" in the field for the date in which the excused s, please indicate "H" in field for the date in which the holiday occurred and report rk activities only, and the participant must be scheduled in the Individual or excused absences are counted. Enter cumulative totals below for the year under
	Excused absences cannot exceed 16 hours per month and not more the Holidays cannot exceed 10 per calendar year and are designated in Col	