

WELFARE TO WORK (WTW)

Date: _____
 Case Number: _____
 Worker Name: _____
 Work Number: _____

Month: _____

Activity: _____

Location: _____

CERTIFICATION OF PARTICIPATION

Please complete daily, sign, date and return to your WTW Case Manager by

Classroom Time: Actual hours classes were attended.

Unsupervised Study Time: May include 1 hour study time per 1 classroom hour.

Supervised Study Time: Actual hours in a study lab verified by time sheet or attendance record.

Education

	Day of Month																															Total Hours	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Classroom Hours																																	
Unsupervised Study Hours																																	
Supervised Study Hours																																	

I certify that I attended and participated in activities under the WTW program on each of the days I have noted above.

Participant Signature

Date

Certifying Signature (WTW Case Manager)

Date

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Santa Barbara, CA 93110
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Santa Maria, CA 93454
(805) 346-7135

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