



Colorado Works Program Work Activity Tracking Sheet

County **Denver** _____

Time Period Covered (month / year): _____

Participant Name: _____

Participant Telephone: _____

Participant Address: _____

Case Manager Name: _____

Case Number: _____

Attention Colorado Works Participant:

Please provide all of the information requested below and return this form to your case manager at the following location by the date specified.

Date Due: **5th of every month for the previous months activities.** _____

Location: _____

Phone Number: _____

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.

Attendance Record

Work Activity	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

Attention Colorado Works Participant:

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Please fill in numbers 1 – 4 below.

1. **Were you absent from any activity this month?**

No Yes

If yes, please list the activity or activities and the date, time and reason for each absence: _____

2. **How would you rate your recent progress in your assigned activity?**

Outstanding Satisfactory Unsatisfactory

Please explain why you rated your progress as such: _____

3. **Are you in need of any assistance?**

No Yes

If yes, please describe the assistance needed: _____

4. **Are you employed?**

No Yes

If yes, please provide the following information:

Employer Name: _____

Start Date: _____

Address: _____

Phone Number: _____

Supervisor: _____

Hours per Week: _____

Wage: \$ _____

I hereby certify that the hours recorded are true and correctly reported.

Participant Signature: _____

Date: _____

Primary Supervisor Signature: _____

Date: _____

Supervisor comments, if applicable: _____

“Primary Supervisor” is the person responsible for supervision of work activity that yields the most hours in the month. Secondary Supervisors shall initial next to the work activity(s) they supervise in the month or provide supplemental documentation to this form regarding hours in specific work activities.

FOR OFFICIAL USE ONLY

I hereby certify that to the best of my knowledge, the work activities performed above meet the work activity definitions and other requirements set forth in Colorado’s Work Verification Plan and County and State approved policies pertaining to work verification procedures.

Colorado Works Case Manager Signature: _____

Date: _____

Excused Absences and Holiday Hours

For ***excused absences** where hours will be counted toward the federal work participation rate, please indicate “EA” in the field for the date in which the excused absence occurred and report the total number of excused hours. For ****holidays**, please indicate “H” in field for the date in which the holiday occurred and report the number of holiday hours. Excused absences / holidays apply to **unpaid work activities only**, and the participant must be scheduled in the Individual Responsibility Contract (IRC) for the unpaid work activity in which holidays and or excused absences are counted. Enter cumulative totals below for the year under each category.

* **Excused absences cannot exceed 16 hours per month and not more than 80 hours per year.**

** **Holidays cannot exceed 10 per calendar year and are designated in Colorado’s approved work verification plan.**