

|   |   |
|---|---|
| ACTIVITY VERIFICATION RECORD FOR [Month & Year] | Return to Worker <b>27ES</b><br>by the 5 <sup>th</sup> of the month. Thank You. |
| CUSTOMER'S NAME:                                | CASE NUMBER:  |

**\*\*\* COUNTY USE ONLY \*\*\***

**Hours Summary**

Total Days/Hours Activity Attended: \_\_\_\_/\_\_\_\_ Total Days/Hours Verified Excused Absences: \_\_\_\_/\_\_\_\_  
= Total Hours Entered in the Activity Progress Summary page: \_\_\_\_

**Self-Employment Hours Summary**

Total Gross Earnings \$\_\_\_\_\_ less Expenses \$\_\_\_\_\_ (Use Standard (40%) or Actual Expenses from C-IV **Expense Detail** page  
**OR** Customer's verification of gross income and proof of expenses if no information on Expense Detail page) = Net Earnings \$\_\_\_\_\_  
Net Earnings \$\_\_\_\_\_ ÷ Federal Minimum Wage  \$7.25 [eff. 7/24/09] = \_\_\_\_\_ = Countable Self-Empl. Hrs.  
Total Countable Self-Employment Hours \_\_\_\_\_ + Short-term SE Workshop or Training Course Hours \_\_\_\_\_ + Total Hours Verified Excused Absences \_\_\_\_\_  
= Total Hours Entered in the Employment Hours Detail page: \_\_\_\_

**Other Employment Hours Summary (Earned Income-In-Kind, Commission, Piece Rate, Flat Rate, etc.)**

Total Gross Earnings or Value of Work \$\_\_\_\_\_ ÷ Fed. Min. Wage  \$7.25 [eff. 7/24/09]  
= Total Hours Entered in the Employment Hours Detail page: \_\_\_\_

**Bus Pass Calculation:**

(MST Adult Rate \$ \_\_\_\_\_) + (MST Child Rate \$ \_\_\_\_\_ x # \_\_\_\_\_ = \$ \_\_\_\_\_) = Total MST Rate Payable \$ \_\_\_\_\_.

**Mileage:**

Daily Round Trip Miles \_\_\_\_\_ x # days attended \_\_\_\_\_ = \_\_\_\_\_ Total Miles  
A. \_\_\_\_\_ 1<sup>st</sup> 1,000 miles at current IRS rate of \_\_\_\_\_¢ = \$\_\_\_\_\_ + B. \_\_\_\_\_ More than 1,000 miles at ½ IRS rate of \_\_\_\_\_¢ = \$\_\_\_\_\_  
Subtotal (A. + B.) = \$\_\_\_\_\_ Less Advance(s) = \$\_\_\_\_\_ = Total Mileage Payable \$ \_\_\_\_\_.

**Other Rate - Describe:** \_\_\_\_\_ = Total Payable \$ \_\_\_\_\_

|                            |      |                                     |      |
|----------------------------|------|-------------------------------------|------|
| CASE MANAGER AUTHORIZATION | DATE | SUPERVISOR AUTHORIZATION, IF NEEDED | DATE |
|----------------------------|------|-------------------------------------|------|

|   |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|---|----------------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <b>CUSTOMER NAME:</b>   | <b>REQUIRED MONTHLY HOURS: [select]</b> | [Month & Year] |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>Enter the NUMBER of hours you attended, worked, or studied. Do this EVERY DAY for EACH CLASS / ACTIVITY / JOB.</b> |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Class/Activity/Job<br>or Study Time   | 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 |
| A.  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| B.  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| C.  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D.  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| E.  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Daily Totals  |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>County Use Only: Enter Total Monthly Hours Verified and Approved: _____ / Case Manager Signature &amp; Date:</b>   |   |                |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**CUSTOMER INSTRUCTIONS:** 1. **Employment:** Attach proof of employment / self-employment income received during the month. Report actual daily hours worked. Do not include lunch hours. Use a separate line for each employer. Supervisor signature is not required.

2. **Other Activities:** All other approved activities and hours must be verified by the instructor / counselor / or supervisor of the activity. Use a separate line for each class/activity.

**INSTRUCTOR/COUNSELOR/SUPERVISOR:** Please sign, enter your phone number and indicate the individual's progress. Your signature certifies verification of the hours listed above.

A. CLASS / ACTIVITY / JOB: Attendance verified by: \_\_\_\_\_ (Instructor / Counselor / Supervisor Signature) **Phone:** \_\_\_\_\_  
 Progress:    Excellent [ ]                    Satisfactory [ ]                    Needs Improvement [ ]                    Comments:

B. CLASS / ACTIVITY / JOB: Attendance verified by: \_\_\_\_\_ (Instructor / Counselor / Supervisor Signature) **Phone:** \_\_\_\_\_  
 Progress:    Excellent [ ]                    Satisfactory [ ]                    Needs Improvement [ ]                    Comments:

C. CLASS / ACTIVITY / JOB: Attendance verified by: \_\_\_\_\_ (Instructor / Counselor / Supervisor Signature) **Phone:** \_\_\_\_\_  
 Progress:    Excellent [ ]                    Satisfactory [ ]                    Needs Improvement [ ]                    Comments:

D. CLASS / ACTIVITY / JOB: Attendance verified by: \_\_\_\_\_ (Instructor / Counselor / Supervisor Signature) **Phone:** \_\_\_\_\_  
 Progress:    Excellent [ ]                    Satisfactory [ ]                    Needs Improvement [ ]                    Comments:

E. CLASS / ACTIVITY / JOB: Attendance verified by: \_\_\_\_\_ (Instructor / Counselor / Supervisor Signature) **Phone:** \_\_\_\_\_  
 Progress:    Excellent [ ]                    Satisfactory [ ]                    Needs Improvement [ ]                    Comments:

**Customer Release / Certification:** I understand that all activities reported above, including employment, may be verified and my signature gives consent to CalWORKs Employment Services to do so if needed. The above days and hours of attendance are used to figure any transportation and / or childcare payments owed to me. I declare under penalty of perjury under the laws of the United States and the State of California that this report is true and correct and complete for the entire report month.

**Customer's Signature** \_\_\_\_\_ **Phone Number** [if new, please check box]  \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\* PAYMENT MAY BE DELAYED WHEN THIS FORM IS INCOMPLETE. \*\*\***