

Registro De Verificación De Actividades Para	[Mes y año]	Regresar al trabajador 27ES Antes del quinto día del mes. Gracias.
NOMBRE DEL CLIENTE:		Numero del caso :

***** SÓLO EL USO DEL CONDADO *****

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. _____ 1st 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 \$ _____**

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CASE MANAGER AUTHORIZATION	DATE
SUPERVISOR AUTHORIZATION, IF NEEDED	DATE

NOMBRE DEL CLIENTE: _____		HORAS REQUERIDAS MENSUALMENTE: <Select>																								[Mes / año]					
Indique el NÚMERO de horas de participación, en el trabajado o estudiando. Haga esto CADA DÍA por CADA CLASE / ACTIVIDAD / TRABAJO.																															
Clase / Actividad / Trabajo o Tiempo de Estudio	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.																															
Totales Diarios																															
Sólo para Uso del Condado: Enter Total Monthly Hours Verified and Approved: _____ / Case Manager Signature & Date:																															

INSTRUCCIONES PARA EL CLIENTE: 1. **Empleo:** Adjunte comprobantes de empleo / verificación de ingresos recibidos durante el mes por un negocio propio. Reporte a diario las horas trabajadas. No incluya horas de almuerzo. Utilice una línea separada para cada empleador. La firma del supervisor no es necesaria. 2. **Otras Actividades:** Todas las demás actividades aprobadas y horas deben ser verificadas por el instructor / consejero / o supervisor de la actividad. Utilice una línea separada para cada actividad.

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:	
<hr/>	
B. CLASS / ACTIVITY / JOB: Attendance verified by: _____ (Instructor / Counselor / Supervisor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement [] Comments:	
<hr/>	
C. CLASS / ACTIVITY / JOB: Attendance verified by: _____ (Instructor / Counselor / Supervisor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement [] Comments:	
<hr/>	
D. CLASS / ACTIVITY / JOB: Attendance verified by: _____ (Instructor / Counselor / Supervisor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement [] Comments:	
<hr/>	
E. CLASS / ACTIVITY / JOB: Attendance verified by: _____ (Instructor / Counselor / Supervisor Signature)	Phone: _____

