

CUSTOMER INSTRUCTIONS:

Date Stamp:

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.

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.

Vocational Education: **Do not** enter your study time hours your case manager will enter them.

Daily and Activity Totals: **Do not** enter the daily or activity totals your case manager will complete that section.

Please convert your minutes to decimals using the chart below

Time Conversion Chart
(Minutes to Decimal Hours)

Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours
1	.02	21	.35	41	.68
2	.03	22	.37	42	.70
3	.05	23	.38	43	.72
4	.07	24	.40	44	.73
5	.08	25	.42	45	.75
6	.10	26	.43	46	.77
7	.12	27	.45	47	.78
8	.13	28	.47	48	.80
9	.15	29	.48	49	.82
10	.17	30	.50	50	.83
11	.18	31	.52	51	.85
12	.20	32	.53	52	.87
13	.22	33	.55	53	.88
14	.23	34	.57	54	.90
15	.25	35	.58	55	.92
16	.27	36	.60	56	.93
17	.28	37	.62	57	.95
18	.30	38	.63	58	.97
19	.32	39	.65	59	.98
20	.33	40	.67	60	1.0

If emailing this document send to: 501-CWESDOCS@co.monterey.ca.us

Further, you understand that email messages are not confidential. Communication service providers used by me or the County as well as anyone with access to my email and/or phone may be able to see these notifications.

Tell us how we are doing by taking a brief online survey at: <https://www.surveymonkey.com/r/3X8S32Q>

CUSTOMER NAME:					CASE NUMBER:					REQUIRED MONTHLY HOURS: [select]					Month & Year:																		
Enter the NUMBER of hours you attended, worked, or studied. Do this EVERY DAY for EACH CLASS / ACTIVITY / JOB.																															County Use		
CLASS/ACTIVITY/ JOB 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	Activity Totals	
A.																																	
B.																																	
C.																																	
D.																																	
E.																																	
F.																																	
G.																																	
DAILY TOTALS																																	

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

A. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
B. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
C. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
D. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
E. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
F. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor Signature)	Phone: _____
Progress: Excellent [] Satisfactory [] Needs Improvement []	Comments: _____	
G. CLASS / ACTIVITY: Attendance verified by: _____	(Instructor / Counselor 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 Signature

Phone Number [if new, please check box

Date

COUNTY USE ONLY: Total Monthly Hours: _____ Verified by and date: _____