

Save a new File for each Pay Period worked with a different filename (i.e. "Doe 2015-05-31.pdf")

Jane Smith

55A

Update current Date

Case Manager & County Office

Facility name Oklahoma City Community College Career Transitions		Date June 1, 2015
Participant's name John Doe, Jr.		Case number C999999
Scheduled hours per week 35	Performance month May	Activity Training/Computer Systems Support

**Part IV: Attendance.** All actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours or travel time. For persons in job interviews and job searches, this is part of the activity approved. Participant initials daily entries in appropriate block(s).

Verify correct weekly hours and month

Verify correct approved activity

**OKDHS use only:** This plan of study is approved for \_\_\_\_\_ homework or study hours. <sup>2</sup>

**Codes:** AE = Absent; H = Holiday; W = Weekend/regular day off

Note Weekends

Clock out daily for Lunch

Calculate Total Hours

Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	Participant initials
16								
17								
18	8:00 am	10:30 am	11:00 am	3:30 pm			7	JDJ
19	8:00 am	11:30 am	12:00 pm	3:30 pm			7	JDJ
20	AE						0	JDJ
21	8:00 am	11:30 am	12:00 pm	3:30 pm			7	JDJ
22	8:00 am	11:30 am	12:00 pm	3:30 pm			7	JDJ
23								
24								
25								
26	8:00 am	12:30 pm					4.5	JDJ
27	11:00 am	12:00 pm	12:30 pm	3:30 pm			4	JDJ
28	8:00 am	11:30 am	12:00 pm	3:30 pm			7	JDJ
29	12:00 pm	3:30 pm					3.5	JDJ
30								
31								

Attach additional documentation for all absences

Attach documentation for tardies or leaving early

Initial All Dates

Note Holidays

Print & Sign: Signatures and Initials must be in BLUE OR BLACK INK ONLY

I certify the record of my hours is true and correct.

*John Doe, Jr.*  
Signature of participant

405-682-7844  
Phone number

6/1/2015  
Date

**Note:** Submit pages 3 and 4 to the local human services center no later than the fifth of the next month. Participant allowances will not be paid in excess of \$13.00 per day.

**Timesheets cannot be submitted unless all hours are approved and can be verified including documentation for absences/tardies**

<sup>2</sup> Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

**Student must complete a self evaluation  
and submit with timesheet**

**Part V. Progress report.** Completed by facility supervisor, instructor, or OKDHS worker.

Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs counseling</b>
Attendance		X	
Punctuality		X	
Work attitude	X		
Quality of work		X	
Progress		X	
Willingness to learn	X		
Follows instructions	X		
Shows initiative		X	
Accepts correction		X	
Relationship with others	X		
Personal appearance	X		

**Part VI. Facility signature.** The appropriate individual signs and dates the form to indicate approval of the total report.

\_\_\_\_\_ (405) 682-7844 \_\_\_\_\_  
 Signature Title Phone number Date

Purpose of form

Form 08TW013E is used to document participation and attendance for unpaid Temporary Assistance for Needy Families (TANF) activities.

Routing

Original or faxed copy of the completed form is sent to OKDHS worker. A copy is retained by facility. OKDHS worker processes the data on the computer and then files original or faxed copy in the case record.