Jane Smith

fferent filename (i.e. "Doe 2015-05-31.pdf")									
								ate current Da	
Facility name Oklahoma City Community College Career Transitions								Date / June 1, 2015	
Participant's name John Doe, Jr.							1	Case number C999999	
Scheduled hours per week Performance month 35 K Performance month Training/Computer Systems Support									
Part IV: Attendance. All actual hours of participation must be recorded. Participant makes appropriate the second secon									
OKDHS use only: This plan of study is approved for homework or study hours. ²									
Codes: AE = Absent; H = Holiday; W = Weekend/regular day off									
Note Weekends Clock out daily for Lunch Calculate Total Hours Parti-							Parti-		
Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	cipant initials	
16 17	W W								

Note Wee	ekends	Clock out d	aily for Lu	nch	Ca	Iculate Tot	al Hours	Parti-
Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	cipant initials
16	W							
17	W	V						
18	8:00 am	10:30 am	11:00 am	3:30 pm			7	777
19	8:00 am	11:30 am	12:00 pm	3:30 pm	Attach add	litional	7	505
20	AE 🔶				documenta	ation	0	505
21	8:00 am	11:30 am	12:00 pm	3:30 pm	for all abse	ences	7	505
ote Holiday	/S 8:00 am	11:30 am	12:00 pm	3:30 pm			7	200
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29	12:00 pm	3:30 pm			eaving earl	v L	3.5	TDJ
30	W						iolo	1
31	W				n: Signatur			
	must be in BLUE OR BLACK INK ONLY							

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

John Doe h. <	405-682-7844	6/1/2015
Signature of participant	Phone number	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 absencies/tardies

² 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.

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

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

(405) 682-7844

Signature

Phone number

Title

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.