



Kathryn M. Harwell
Director

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Phone: 209.558.2500 Fax: 209.558.2558

Customer Name:
Case Number:
Case Manager:
Activity:
Date:

Participation Record

Participation Month: _____

HOURS OF ATTENDANCE AND REASON FOR ANY ABSENCE

		MON	TUE	WED	THURS	FRI	SAT	SUN	TOTAL
WEEK 1	DATE								
	PARTICIPATION HOURS								
	ABSENCE CODE								
WEEK 2	DATE								
	PARTICIPATION HOURS								
	ABSENCE CODE								
WEEK 3	DATE								
	PARTICIPATION HOURS								
	ABSENCE CODE								
WEEK 4	DATE								
	PARTICIPATION HOURS								
	ABSENCE CODE								
WEEK 5	DATE								
	PARTICIPATION HOURS								
	ABSENCE CODE								
TOTAL MONTHLY HOURS									

Absence Codes:

E – Excused (illness, medical or school appointments-include reason below)
U – Unexcused (no contact, did not call in, no verification)

H – Holiday
O – Other (Explain below)

COMMENTS _____

I certify, under penalty of perjury, the above is true, correct and complete to the best of my knowledge. I authorize Community Services Agency to discuss my hours of participation with the below named person.

Participant Signature _____ Date _____

Service Provider _____ Name of Supervisor/Instructor _____

Name of Person Verifying Hours _____ Phone # _____ Date _____

Signature of Person Verifying Hours: _____

County use only	FSS III:	Date:
Monthly total hrs. divided by 4.33 = Weekly Total:		