

<b>CAREER PATHWAYS INITIATIVE</b>		<b>Participant Time Card/Attendance Report</b> Transportation and Child Care Assistance	
<b>Section I: Participant and Work Activity Information</b>			
Participant's Name:		Name of Worksite:	
Beginning Date:		Supervisor's Name:	
Ending Date:		Contact Number:	
Hours per day:		Days per week:	
Job Activity Description:			
<b>Section II: Work Activity Schedule and Time Card</b>			
Please complete for each day participant is scheduled to work or participate.			
Work Activity Date	Actual Hours Participated	Work Activity Date	Actual Hours Participated
Supervisor's Signature:		Date:	
<b>Section III: Class Attendance and Performance Evaluation</b>			
Report Date:		Class Title:	
Student has satisfactory attendance and participation in the preceding 30 days. Instructor Signature:			
Report Date:		Class Title:	
Student has satisfactory attendance and participation in the preceding 30 days. Instructor Signature:			
Report Date:		Class Title:	
Student has satisfactory attendance and participation in the preceding 30 days. Instructor Signature:			
Report Date:		Class Title:	
Student has satisfactory attendance and participation in the preceding 30 days. Instructor Signature:			
Participant's Signature:		Date:	
<b>Section IV: To Be Completed by Career Pathways Staff</b>			
<b>Comments:</b>			
Date Submitted to CP:		CP Staff Signature:	