



Please Complete # 1 – 4 below

1. **Were you absent from any activity this month?**

No  Yes

If yes, please list the activity or activities and the date, time and reason for each absence: \_\_\_\_\_  
\_\_\_\_\_

2. **How would you rate your recent progress in your assigned activity?**

Outstanding  Satisfactory  Unsatisfactory

Please explain why you rated your progress as such: \_\_\_\_\_  
\_\_\_\_\_

3. **Are you in need of any assistance?**

No  Yes

If yes, please describe the assistance needed: \_\_\_\_\_  
\_\_\_\_\_

4. **Are you employed?**

No  Yes

If yes, please provide the following information:

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Wage: \$ \_\_\_\_\_

**I hereby certify that the hours recorded are true and correctly reported.**

**Participant Signature:** \_\_\_\_\_ X **Date:** \_\_\_\_\_ X

**Primary Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisor comments, if applicable: \_\_\_\_\_

“Primary Supervisor” is the person responsible for supervision of work activity that yields the most hours in the month. Secondary Supervisors shall initial next to the work activity(s) they supervise in the month or provide supplemental documentation to this form regarding hours in specific work activities.

#### FOR OFFICIAL USE ONLY

I hereby certify that to the best of my knowledge, the work activities performed above meet the work activity definitions and other requirements set forth in Colorado’s Work Verification Plan and County and State approved policies pertaining to work verification procedures.

Colorado Works Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Excused Absences and Holiday Hours

For **\*excused absences** where hours will be counted toward the federal work participation rate, please indicate “EA” in the field for the date in which the excused absence occurred and report the total number of excused hours. For **\*\*holidays**, please indicate “H” in field for the date in which the holiday occurred and report the number of holiday hours. Excused absences / holidays apply to **unpaid work activities only**, and the participant must be scheduled in the Individual Responsibility Contract (IRC) for the unpaid work activity in which holidays and or excused absences are counted. Enter cumulative totals below for the year under each category.

\* **Excused absences cannot exceed 16 hours per month and not more than 80 hours per year.**

\*\* **Holidays cannot exceed 10 per calendar year and are designated in Colorado’s approved work verification plan.**