

County of Riverside Employment Services
School Attendance Report

Worker Name: _____

Worker ID: _____

Worker Phone Number: _____

Case Name: _____

Case Number: _____

School Name: _____

School Address: _____

School Phone Number: _____

Student's Name: _____ Student ID: _____

Attendance Report Time Frame From date: _____ To date: _____

Please check one of the following and attach appropriate documentation:

Student class schedule attached. Hours of participation correspond with the days classes are scheduled.

Student's attendance is listed below:

Date	Total Hours Attended	Total Hours Absent	Absence Reason	County Use Only Total Hours

I certify the foregoing to be a correct account of classroom and training hours.

✕ _____
 School Representative Signature

 Date

 School Representative Printed Name

 Phone Number

COUNTY USE ONLY

COMMENT:

Customer's total actual hours of attendance: _____ for the month of _____ and year _____.

 WTW Worker Printed Name

 Phone Number

 Date