

**ACTIVITY VERIFICATION RECORD**

**CUSTOMER NAME:**

**CASE NUMBER:**

**REQUIRED MONTHLY HOURS:**

**Month & Year:**

**Enter the NUMBER of hours you attended for all your WTW activities. Do this EVERY DAY for EACH CLASS / ACTIVITY / JOB and total each day.**

ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Activity Totals	
A.																																	
B.																																	
C.																																	
D.																																	
E.																																	
F.																																	
<b>DAILY TOTALS</b>																																	

**INSTRUCTOR/COUNSELOR:** Please sign, enter your phone number and indicate the individual's progress. Your signature certifies verification of the hours listed above.

A. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>
B. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>
C. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>
D. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>
E. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>
F. <b>CLASS / ACTIVITY</b> , attendance verified by: <i>(Instructor / Counselor Signature)</i>	<b>Progress:</b> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> <b>Phone:</b>

**Customer Release/Certification:** I understand that all activities reported above, including employment, may be verified and my signature below gives consent to **Monterey County Department of Social Services - CalWORKs Employment Services** to do so if needed. The above days and hours of attendance are used to figure any transportation and/or childcare payments owed to me. I declare under penalty of perjury under the laws of the United States and the State of California that this report is true and correct and complete for the entire report month.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Phone Number: [if new, please check box

\_\_\_\_\_  
Date

<b>COUNTY USE ONLY:</b> Total Monthly Hours: _____ Verified by: _____ Date: _____
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**CUSTOMER INSTRUCTIONS:**

Date Stamp:

Employment: Attach proof of employment / self-employment income received during the month. Report actual daily hours worked. Do not include lunch hours. Use a separate line for each employer. Supervisor signature is not required.

Other Activities: All other approved activities and hours must be verified by the instructor / counselor / or supervisor of the activity. Use a separate line for each class/activity.

Vocational Education: **Do not** enter your study time hours your case manager will enter them.

Daily and Activity Totals: Enter the daily and activity totals for each section.

Please convert your minutes to decimals using the chart below

**Time Conversion Chart**  
(Minutes to Decimal Hours)

Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours
1	.02	21	.35	41	.68
2	.03	22	.37	42	.70
3	.05	23	.38	43	.72
4	.07	24	.40	44	.73
5	.08	25	.42	45	.75
6	.10	26	.43	46	.77
7	.12	27	.45	47	.78
8	.13	28	.47	48	.80
9	.15	29	.48	49	.82
10	.17	30	.50	50	.83
11	.18	31	.52	51	.85
12	.20	32	.53	52	.87
13	.22	33	.55	53	.88
14	.23	34	.57	54	.90
15	.25	35	.58	55	.92
16	.27	36	.60	56	.93
17	.28	37	.62	57	.95
18	.30	38	.63	58	.97
19	.32	39	.65	59	.98
20	.33	40	.67	60	1.0

If emailing this document send to: [501-CWESDOCS@co.monterey.ca.us](mailto:501-CWESDOCS@co.monterey.ca.us)

Further, you understand that email messages are not confidential. Communication service providers used by me or the County as well as anyone with access to my email and/or phone may be able to see these notifications.

**Tell us how we are doing by taking a brief online survey at: <https://www.surveymonkey.com/r/3X8S32Q>**