



RECORD OF IMPACT ATTENDANCE – VOCATIONAL TRAINING, CWEP, WORK EXPERIENCE, COMMUNITY SERVICE, ON THE JOB TRAINING (OJT), WORK ONE, AND EDUCATIONAL (ACADEMIC) ACTIVITIES

State Form 44720 (R7 / 2-20)

- INSTRUCTIONS:**
1. Enter the "begin" date of the week, which will always be Sunday.
 2. Enter the hours of attendance under the appropriate day of the week.

For the month of:	Year	Due by (mm/dd/yy):
IMPACT case manager		Fax number
Activity <input type="checkbox"/> SNAP 50/50 <input type="checkbox"/> OJT <input type="checkbox"/> Vocational Training <input type="checkbox"/> CWEP <input type="checkbox"/> Work One <input type="checkbox"/> HSE <input type="checkbox"/> Community Service** <input type="checkbox"/> Work Experience <input type="checkbox"/> Other: _____		
Facility		Site

Name of participant		Case number	RID / PID
Name of instructor or supervisor	Contact information		Number of hours scheduled for the week

WEEK BEGINNING (mm/dd/yy)	SUNDAY HOURS	MONDAY HOURS	TUESDAY HOURS	WEDNESDAY HOURS	THURSDAY HOURS	FRIDAY HOURS	SATURDAY HOURS	TOTAL WEEKLY HOURS
1.								
2.								
3.								
4.								
5.								
TOTAL HOURS FOR THE MONTH =								

I certify that this attendance report is accurate to the best of my knowledge.			
Signature of instructor or supervisor	Date signed (mm/dd/yy)	Signature of reviewer	Date signed (mm/dd/yy)
Signature of participant	Date signed (mm/dd/yy)	Scheduled hours completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", state reason and action needed under "Comments."</i>	
Comments			