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 Phone Number

COUNTY USE ONLY

COMMENT:

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

✕ _____ _____

WTW Worker Signature Date