

Louisiana Department of Children and Family Services

STEP Program Attendance Record

Work Activity Type/Site: _____
Month: _____

Participant Name: _____
Member ID: _____

Instructions:

Participant hours and work schedule for each day of the month **must** be entered on the table below on a daily basis, and the completed form **must** be submitted to your STEP Case Manager with the supervisor's signature by the end of the month. Days in which participation was missed due to a scheduled break should be listed in the comments section below. If your participation hours fall below _____ hours per week, contact me immediately. If you fail to provide good cause reasons for your absences, your FITAP cash benefits could be terminated.

If you need child care, transportation, or other supportive services, contact me so I may help you. However, your monthly participation hours must be verified in order to receive these services.

Participation Hours:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Total Hours ***																
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Total Hours ***																

*** Lunch breaks must **NOT** be included in daily number of 'Total Hours'

Comments: (please list scheduled breaks) _____

Your signature verifies the above information is true and correct to the best of your knowledge.

Participant's Signature _____

Supervisor's Signature/Phone Number _____

Date _____

Date _____

Please return the completed form to: _____

Attention: _____

STEP Case Manager: _____ Phone # / Ext #: _____ FAX #: _____