



Date: \_\_\_\_\_  
 Case name: \_\_\_\_\_  
 Case number: \_\_\_\_\_  
 County number: \_\_\_\_\_  
 Supervisor/worker number: \_\_ / \_\_

### Time and Progress Report

Facility name		Date
Participant's name		
Scheduled hours per week	Performance month	Activity

**Part I: Attendance.** ALL actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours and travel time. For persons in Job Search, travel between job interviews and job applications are part of the activity and can be counted. Participant initials daily entries in appropriate block(s).

**OKDHS use only:** This plan of study is approved for \_\_\_\_\_ homework or study hours. <sup>1</sup>

**Codes:** **A** = Absent; **H** = Holiday; **W** = Weekend/regular day off

Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	Participant's initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

I certify the record of my hours is true and correct.

\_\_\_\_\_  
 Signature of participant                      Phone number                      Date

<sup>1</sup> Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

**Note:** Submit pages 1 and 2 to the local human services center no later than the 20th of the current month. Participant allowances **will not be paid in excess of \$13.00 per day.**

**Part II. Progress report.** Completed by facility supervisor, instructor, or OKDHS worker.

Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs counseling</b>
Attendance			
Punctuality			
Work attitude			
Quality of work			
Progress			
Willingness to learn			
Follows instructions			
Shows initiative			
Accepts correction			
Relationship with others			
Personal appearance			

**Part III. Facility signature.** The appropriate individual signs and dates the form to indicate approval of the total report.

\_\_\_\_\_  
 Signature                      Title                      Phone number              Date

Facility name		Date
Participant's name		Case number
Scheduled hours per week	Performance month	Activity

**Part IV: Attendance.** All actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours and travel time. For persons in Job Search, travel between job interviews and job applications is part of the activity and can be counted. Participant initials daily entries in appropriate block(s).

**OKDHS use only:** This plan of study is approved for \_\_\_\_\_ homework or study hours. <sup>2</sup>

**Codes:** **AE** = Absent; **H** = Holiday; **W** = Weekend/regular day off

Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	Participant initials
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

I certify the record of my hours is true and correct.

\_\_\_\_\_  
Signature of participant                      Phone number                      Date

**Note:** Submit pages 3 and 4 to the local human services center no later than the fifth of the next month. Participant allowances **will not be paid in excess of \$13.00 per day.**

<sup>2</sup> Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

**Part V. Progress report.** Completed by facility supervisor, instructor, or OKDHS worker.

Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs counseling</b>
Attendance			
Punctuality			
Work attitude			
Quality of work			
Progress			
Willingness to learn			
Follows instructions			
Shows initiative			
Accepts correction			
Relationship with others			
Personal appearance			

**Part VI. Facility signature.** The appropriate individual signs and dates the form to indicate approval of the total report.

\_\_\_\_\_  
Signature Title Phone number Date

Purpose of form

Form 08TW013E is used to document participation and attendance for unpaid Temporary Assistance for Needy Families (TANF) activities.

Routing

Original or faxed copy of the completed form is sent to OKDHS worker. A copy is retained by facility. OKDHS worker processes the data on the computer and then files original or faxed copy in the case record.