

**Georgia Department of Human Services
Division of Family and Children
Services
RECORD OF ATTENDANCE AND PERFORMANCE REPORT**

Case Name:
Case Number:
Worker ID:

Client Name:
Client ID Number:
Client Phone Number:

Section A :To be completed by the Case Manager

Report Month/Year:

Scheduled activity: Subsidized Employment Work Experience Community Service Other

Activity location/site:

Duties:

Scheduled hours per week:

Maximum TANF hours if subject to FLSA:

Maximum FS hours:

Maximum total monthly hours:

Section B :To be completed by the Site Supervisor

ATTENDANCE: Enter Hours Present or E - Excused U - Unexcused S - Weekend H- Holiday N - Not Scheduled

	M	TU	W	TH	F	SA	SU	Total
1 st Mon								
2 nd Mon								
3 rd Mon								

	M	TU	W	TH	F	SA	SU	Total
4 th Mon								
5 th Mon								

Note: When a month has a 5th Monday, hours for the entire week must be reported for the calendar month in which the 5th Monday falls.

Performance codes: E - Excellent G - Good S - Satisfactory U - Unsatisfactory

Consider the following attributes and assign the most appropriate of the performance codes listed above:		Rating
Attitude	Demonstrates a positive attitude toward work, coworkers; accepts supervision.	
Judgment	Exercises good judgment in the supervisor's absence.	
Accepts supervision	Accepts criticism without anger and asks appropriate questions.	
Performance of duties	Completes tasks accurately, thoroughly and timely.	
Cooperation	Cooperates with coworkers and supervisor; follows workplace rules.	
Courtesy	Respects coworkers interacts with courtesy; conduct is appropriate to work setting.	
Personal grooming	Dresses appropriately for the work setting; is clean and neat.	
Works well with others	Collaborates appropriately with coworkers; is willing to follow or lead as needed.	
Punctuality	Is on time to begin work, to return from lunch or breaks, and leaves on time.	
Dependability	Attends regularly; provides as much notice as possible when absent or late.	
Willingness to work	Is flexible; is willing to work as needed; requests new assignments when tasks are	

Overall performance satisfactory or better? Yes No Comments: _____

Failed to report _____

Placement
Terminated

_____ Date / Reason

_____ Instructor / Supervisor Signature

_____ Date

This report is due by the 5th calendar day in the month following the report month. If the report month has a 5th Monday, the report is due by the 10th calendar day in the month following the report month.