



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

Time and Progress Report

Time and Frogress Report										
Facility name						Date				
Participant's name										
Schedi	uled hours	Performa	Performance month							
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).										
OKDH	S use onl	y: This pla	n of study i	is approve	d for		homew	ork or stu	udy hours. 1	
Codes	: A = Abse	ent; H = Ho	oliday; W =	- Weekend	d/reg	ular d	ay off			
Date	Time in	Time out	Time Time Time in out in			me in	Time out	Total hours	Partici- pant's initials	
1		3 313					5 51 5			
2										
3										
4 5 6										
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									

Form 08TW013E (TW-13) revised 3-1-2010 may continue on next page, page 1 of 4

¹ 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.

	Excellent	Satisfactory	Needs counseling					
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 r	number Date					

Facility name							Date	Date		
Participant's name							Case	Case number		
ranticipant's name								namber		
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).										
OKDH	S use onl	y: This pla	n of study i	is approve	d for	homew	ork or stu	idy hours. 2		
Codes	: AE = Ab	sent; H = I	Holiday; W	/ = Weeke	nd/regular	day off				
Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	Parti- cipant initials		
16										
17 18										
19										
20										
21 22 23										
22										
23										
24 25										
26										
27										
28 29										
30										
31										
I certify the record of my hours is true and correct.										
	Signatu	ure of parti	cipant		Phone nu	none 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 .										

² 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.

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

	/I. Facility sign te approval of the			individual	signs	and	dates	the	form	to	
Signature			Title	Title		Phone number			Date		
			Purpose o	f form							
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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.