



Commonwealth of Pennsylvania  
Department of Public Welfare

**BUTLER COUNTY ASSISTANCE OFFICE**

108 Woody Drive  
Butler, Pennsylvania 16001-5692  
(724) 284-8844  
Toll Free 1-866-256-0093  
FAX (724) 284-8833

**ACTIVITY ATTENDANCE VERIFICATION CALENDAR**

School Program \_\_\_\_\_  
Client's Name \_\_\_\_\_  
RESET/ETP Worker \_\_\_\_\_

Case Number \_\_\_\_\_  
SSN \_\_\_\_\_  
Phone (724) 284- \_\_\_\_\_

**Requests must be submitted by the 15<sup>th</sup> of the following month.**

Please complete the following calendar for the month of \_\_\_\_\_ indicating the number of hours that the above named client was present at your facility. NOTE: Enter "NS" for "No School" and "A" for "Absent" next to the appropriate day.

Day of Month	# of hours	Day of Month	# of hours	Day of Month	# of hours
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Comments: Is \_\_\_\_\_ making satisfactory progress?  Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature from School/Training Program

\_\_\_\_\_  
Date

To be completed by client:

Please check which mode of transportation that you used to attend training:

- Bus
- Personal Auto

Specify the number of miles per round trip \_\_\_\_\_miles/day.

- Other – specify below

**If request is not submitted by the 15<sup>th</sup> day of the following calendar month, your request will be denied.**