

# Monthly Activity Report (MAR)

Participant Name				Plan Hours			Case #			Month						Year	ETS		
Date ➔	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th		Enter subtotals:	<i>ETS use only:</i>	
Day of the week ➔																			
<b>Employment/Subsidized Emp.</b>																			
<b>Vocational Training/College</b>																			
<b>Study Time</b>																			
<b>WEX/Community Service</b>																			
<b>FS/SW/Counseling</b>																			
<b>Supervised Job Search</b>																			
<b>Other:</b>																			
<b>Other:</b>																			
Daily hours total ➔																	Days 1-15 Total:		
Date ➔	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th		31st		Enter subtotals:
Day of the week ➔																			
<b>Employment/Subsidized Emp.</b>																			
<b>Vocational Training/College</b>																			
<b>Study Time</b>																			
<b>WEX/Community Service</b>																			
<b>FS/SW/Counseling</b>																			
<b>Supervised Job Search</b>																			
<b>Other:</b>																			
<b>Other:</b>																			
Daily hours total ➔																16-31 Total:			
MONTHLY TOTAL ➔																			



# Monthly Activity Report (MAR) Instructions

- On page 1, enter the number of hours you participated in an activity for each day.
- If you are employed, attach pay stubs to verify all hours worked.
- For Holidays, enter H
- Have the supervisor for each activity sign and date below.
- Return your Monthly Activity Report to your ETS by the 5th of the following month.
- For Excused Absences, enter E
- For Unexcused Absences, enter U

Regulations require that the total hours reported on this monthly form be calculated to a weekly average. Therefore:

- "20-hour" requirement = 87 total hours per month (about 22 hours per week)
- "30-hour" requirement = 130 total hours per month (about 33 hours per week)
- "35 hour" requirement = 152 total hours per month (about 38 hours per week)

### Employment (if paid in cash)

<i>Employer Name:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### Vocational Training/College

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### Study Time

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### WEX/Community Service

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### FS/SW/Counseling

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### Supervised Job Search

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### Other (describe):

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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### Other (describe):

<i>Service Provider:</i>	<i>Supervisor name (print)</i>	<i>Supervisor phone</i>	<i>Supervisor's Signature &amp; Date</i>
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**I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct and complete.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

*Please explain unexcused absences or reason for non-participation:*

**For County Staff Use only:**

4.33 Ave. =

Most Days Ave. = Page 2 of 2

Friday Falls Ave. =