

**CITY OF OAKLAND  
 CALTRANS PAROLEE WORK CREW PROGRAM  
 REGISTER OF PARTICIPATION**

CONTRACTOR LOCATION:					
MONTH / YEAR:					
VAN IDENTIFIER:					
Date	Crew Size	Hours Worked	Site Location	Crew Supervisor Name	# Filled Trash Bags
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
					# Filled Trash Bags
<b>Total Number of Days Worked:</b>					
<b>Total Number of Parolees Work Crew Worked For Month:</b>					