



Work Activity Tracking Sheet

Participant Name: _____ Time Period Covered (month / year): _____

Participant Address: _____

Participant Phone Number/E-mail Address: _____

TANF Specialist Name: _____ TANF Specialist Phone: _____ TANF Specialist Email: _____

Please provide all of the information requested below and return this form to your TANF Specialist at the following location by the date specified.

Date Due: *Last Day of Each Month*

Location: *Timesheets must be returned to TANF Specialist by email*

Please enter the total number of hours you participated in all work activities outlined under “work activity” for the reporting month. Hours reported here should not include time for transportation to and from the work activity site. Transportation time can only be counted if it was a part of a work activity, such as traveling as a part of paid or unpaid work (delivery driver) or the time between job contacts/interviews. For participants attending classes at CWEE a maximum of 5 homework hours may be accepted weekly with a signed homework form. Excused absences cannot exceed 16 hours per month.

Attendance Record																														
Work Activity	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
CWEE																														
Homework																														
Volunteer/ Internships																														
Employment																														
School/ Training																														
Excused																														
Other: _____																														

Please turn over and sign the back, not valid unless signed!!

Attention CWEE Participant:

Please fill in numbers 1 – 4 below.

1. **Were you absent from any activity this month?**

No Yes

If yes, please list the activity or activities and the date, time and reason for each absence: _____

2. **How would you rate your recent progress in your assigned activity?**

Outstanding Satisfactory Unsatisfactory

Please explain why you rated your progress as such: _____

3. **Are you in need of any assistance?**

No Yes

If yes, please describe the assistance needed: _____

4. **Are you employed?**

No Yes

If yes, please provide the following information:

Employer Name: _____ Start Date: _____

Address: _____

Phone Number: _____ Supervisor: _____

Hours per Week: _____ Wage: \$ _____

I hereby certify that the hours recorded are true and correctly reported.

Participant Signature: _____

Date: _____

Primary Supervisor Signature: _____

Date: _____

Supervisor comments, if applicable: _____

“Primary Supervisor” is the person responsible for supervision of work activity that yields the most hours in the month. Primary supervisor signature is not needed when the following forms of documentation are provided with the work activity tracking sheet as verification of hours reported: pay stubs, cash receipt forms, attendance record from school or training program.

FOR STAFF USE ONLY

I hereby certify that to the best of my knowledge, the work activities performed above meet the work activity definitions and other requirements set forth in approved policies pertaining to work verification procedures.

TANF Specialist Signature: _____

TANF Specialist comments, if applicable:
