

SOBOBA TRIBAL TANF PROGRAM

WORK ACTIVITY TIME SHEET

For the Month of: _____



Client Name: _____

Date	Employment					Training				Education		Other
	Unsubsidized Employment	Subsidized Private-Sector Employment	Subsidized Public-Sector Employment	Work Experience	On-the-job Training	Job Search and Job Readiness	Community Service Programs	Vocational Educational Training	Job Skills Training	Education Related to Employment	Satisfactory School Attendance	Other Work Activities
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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25												
26												
27												
28												
29												
30												
31												
Totals:												

REMINDER: Penalties and Sanctions will be imposed for missing work hours not turned in. Only hours verified and documented on your work plan will be considered acceptable.

I sign this timesheet aware that all information is accurate and correct. I understand that submitting false information can jeopardize my eligibility for TANF.

Client Signature: _____

Date: _____

Worker Signature: _____

Date: _____