

Please indicate the number of hours per day that you participated/worked in each of the acceptable work activities.

Remember to total each week

Minimum hours required weekly: 25

Complete and turn in to your Case Worker on the the 1st & 16th of the Month

Failure to do so will result in an automatic 40% benefit reduction (penalty).

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

Signature: _____

Date: _____

BBNA USE ONLY

Date Received: ____/____/____ Reviewed by: _____

Received by: _____ Total WP Hours: _____ Weekly Avg: _____ WP Code: _____