## TANF CLIENT WORK ACTIVITIES

Name:		Case Type:	-					Rep	ortin	g Mon	th/Year:
Authorized Work Activities	Weekending:	Sun	Mon	Tues	Wed	Thur	Ë	Sat	Travel	Total	Worksite Verification
Authorized Work Activities	Weekending:	Sun	Mon	Lines	Wed	Thur	Ē	Sat	Travel	Total	Worksite Verification
Authorized Work Activities	Weekending:	Sun	Mon	Lues	Wed	Thur	Ē	Sat	Travel	Total	Worksite Verification
Authorized Work Activities	Weekending:	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Travel	Total	Worksite Verification
Authorized Work Activities	Weekending:	Sun	Mon	Lues	Wed	Thur	Ē	Sat	Travel	Total	Worksite Verification

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:
Signature.	BBNA USE ONLY
Date Received: / //	Reviewed by:
Received by:	Total WP Hours: Weekly Avg: WP Code: