



ACTIVITY LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Signature of Participant: _____ Assigned Hours: _____

By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of Workfare I was assigned by the MW staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my participation.

in accordance with the Fair Labor Standard Act _____

ACTIVITY

CHECK ONE: JS/JR (At Service Center) Workfare Assignment Dual Program Enrollment
 Vocational Training Basic Literacy Employment Enhancement Skills Training

DATE	HOURS OF PARTICIPATION	NAME OF WORKSITE, EDUCATIONAL PROVIDER OR OTHER PROVIDER	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING
			Name: _____ <small>(Print)</small> Phone/Email: _____ Signature: _____ <small>(First & Last Name)</small>

Total Hours: _____