



ACTIVITY LOG

Sunday _____ to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required 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 community service/work experience 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 PATH participation requirements.

2-Parent Family (Optional Data) Name of 2nd Parent: _____

Any community service (CSP) or work experience (WEP) hours MUST be approved by your MW! Staff before you complete the activity.

in accordance with the Fair Labor Standard Act

ACTIVITY #1

CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment) Community Service Program Work Experience Program

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING:
				Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____

ACTIVITY #2

CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment) Community Service Work Experience

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING
				Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____