

## WTW PARTICIPANT MONTHLY RECORD OF HOURS

CASE/PARTICIPANT NAME: _____ CASE NUMBER: _____	THIS RECORD IS FOR _____ / _____ month      year
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**INSTRUCTIONS:** Complete all squares in calendar. For each activity that you are participating in, you must complete the amount of time spent in the activity. Use a separate form for each person in your household who is participating in Welfare-to-Work.

**YOU MUST ATTACH THE PROOF TO THIS RECORD SHEET AND TURN IN MONTHLY TO VERIFY YOUR WELFARE-TO-WORK ACTIVITY.**

**IF YOU DO NOT TURN IN THE PROOF MONTHLY, YOU MAY BE REFERRED FOR THE SANCTION PROCESS DUE TO NON-COOPERATION.**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:	DATE: TIME SPENT: ACTIVITY:
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I DECLARE UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT RECORD OF MY WTW ACTIVITIES  _____ SIGNATURE OF PERSON COMPLETING RECORD	DATE SIGNED  _____
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