



Shingle Springs Tribal TANF Program

Participant Work Activities Timesheet

Participant Name: _____ Month of: _____

Please indicate the number of hours per day that you participated/worked in each of the acceptable work activities and if applicable have 3rd party signature on activity verified line. When completed return to your Family Advocate with your MER by the 5th day of the month. Please complete in **Blue or Black ink**, sign and date.

Remember to attach all proof of work hours and income to the Monthly Eligibility Report!

Week of:							
Work Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Activities verified by: _____ **Contact #:** _____

Week of:							
Work Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Activities verified by: _____ **Contact #:** _____

Week of:							
Work Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Activities verified by: _____ **Contact #:** _____

Week of:							
Work Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Activities verified by: _____ **Contact #:** _____

Week of:							
Work Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Activities verified by: _____ **Contact #:** _____

I certify that the information contained in this timesheet is true and correct. I understand that submitting false information can jeopardize my eligibility for TANF.

Participant Signature

Date

Onsite Supervisor (if applicable)

Date

Participant Name (Print)

Review/Acceptance SSTTP Signature

Date