Shingle Springs Tribal TANF
Participant Work Activities Timesheet

Participant Name:_____ Month: _____

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.

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 SSTT Signature Date