WORKING SOLUTIONS WEEKLY TIME SHEET

Phone:

Fax:

Name (PLEASE PRINT CLEARLY):

Participant Phone:______ Case Number:______ Case Number:______

Case Manager Name:									
<u>Office</u> <u>Use</u> <u>Only</u>	Date	Time Spent	- APPLICA - JOB SEAI - INTERVIE - CLASS/CO	RCH - MEETING WITH CM	Initial <u>NOT</u> <u>YOUR</u> <u>INITIALS</u>	ACTIVITY DETAILS - Business/Company Name - School Name - Site Name - Web Site/ Address	Phone Number	ADDITIONAL INFO - Position OR Job ID - Supervisor Name - Instructor Name	
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BY SIGNING, I ACKNOWLEDGE THAT I HAVE NOT BEEN ASKED TO COMPLETE MORE THAN 8 HOURS A DAY OR 40 HOURS A WEEK OTHER THAN THOSE I HAVE CHOSEN TO COMPLETE IN ORDER TO MAKE UP PREVIOUSLY MISSED HOUR									
REQUIREMENTS.									
I certify that the information and job contacts I have provided on this time sheet are correct. I understand misstatements made by me are in violation of Idaho State Law and may result in disqualification from the program and my benefits.									
PLEASE PLACE SIGNATURE BELOW									
///									
	Participant Signature Date								