For the Month of:

When completed return to your Case Worker with your MER by the 10th day of the Month.

Approved work participation hours are required per family per week.
Did you meet your ____ hours per week? __ Yes No
Reason hours not met _____

I sign this timesheet aware that all information is accurate and correct. I understand that submitting false information can jeopardize my eligibility for TANF.

Clients Signature: Date:

Signature of TANF Staff: Date:

Signature and phone number of approved 3rd Party verifying work activities were performed.

Signature: _____
Phone #: _____
Signature: _____
Phone #: _____
Signature: _____
Phone #: _____
Signature: _____
Phone #: _____
Signature: _____
Phone #: _____

I give TMWTT permission to contact the above 3rd Party persons to verify my hours that I worked paid and/or volunteered. This consent is valid for one year unless revoked.

Clients Signature Date

Weekending: _____ Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Weekending: _____ Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Weekending: _____ Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Weekending: _____ Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Weekending: _____ Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri