

TANF Policy 11-Attachment II –Weekly Work Experience Time Sheet

Weekly Work Experience Time Sheet

Work Experience Provider: _____

Client Name: _____

Week of: (Start/End) _____

Date	Start	End	Lunch/Break Reduction	Total Work Hours
<u>Total Hours:</u>				

Comments on Client Performance:

I hereby certify that this time record accurately represents the number of hours worked by the above named Work Experience Client

Client Signature

Date

Work Experience Supervisor Signature

Date