

Examples of how to complete job search/work activity record (page one)

Date	Time spent	Activity/Position of interest	Employer/Contact information	Purpose of contact	Result
6/9	1 1/2 hours	Seasonal park job	Dakota County Parks Department	On-line application	Submitted application-waiting
6/10	2 hours	Drafter	Rockwell Automation - Duluth (218) 555-3000	Job interview	Waiting to hear back
6/10	45 minutes	Check-out cashier	Cub Foods, Apple Valley (952) 555-6060	Applied for job	Scheduled interview with Bob

Part two: Record of On-Site Job Club, Job Search and SNAP E&T allowable activities

Date	Time spent	On-Site Activity
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> WIA <input type="checkbox"/> TAA <input type="checkbox"/> Work Exp. <input type="checkbox"/> Other (specify) _____

For agency use only:	
	Total Hours
Page one: Regular JS hours (Sunday through Saturday)	_____
Page two: Additional on-site JS hours (Sunday through Saturday)	_____
Other excused absence JS hours	_____
CD/LMH treatment; Rehab services hours (requires separate documentation/verification)	_____
Total JS hours for the week	_____
Check-in held on: _____	
<input type="checkbox"/> In-person <input type="checkbox"/> By phone <input type="checkbox"/> By email	
<input type="checkbox"/> Other (specify): _____	
ELIGIBILITY WORKER'S SIGNATURE	DATE

Participant job search certification statement:	
<p>I certify that the job search activities and the time I spent on them are true and correct. I understand:</p> <ul style="list-style-type: none"> • My Eligibility Worker will verify the activities and employment contacts I have listed on this activity log. • I must complete the activities and hourly requirements in my employment plan. • Failure to complete and report these activities and time spent in each activity may result in a sanction. • Providing false information may result in a fraud investigation referral. 	
PARTICIPANT SIGNATURE	DATE

Important: Participant signature is required above.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໄປຮດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.