



# Work Activity Verification Log

Name \_\_\_\_\_

Activity (List the specific activities you did. See list of work activities on the back.)	Indicate date (mm/dd) for each day and # of hours per day							Total hours	Signature/Title
	Sun. _/_	Mon. _/_	Tues. _/_	Wed. _/_	Thurs. _/_	Fri. _/_	Sat. _/_		
									PHONE
									DATE
									PHONE
									DATE
									PHONE
									DATE

CLIENT SIGNATURE	DATE
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### Sample activities

**Employment activities** - Work, employer telephone contact, filling out applications, mailing resumes & cover letters, interviews, in-person employer contacts, networking/ informational interviews, reviewing newspapers, reviewing job service listings and other internet job site, attending job search workshops, MFIP office contact, job skills workshops, other approved job search activity, travel time

**School activities** - Training/education (more than 13 mos.), training/education (less than 12 mos.), English 2nd language class, Adult Basic Education class, intensive work literacy, high school completion, GED training

**Other Activities** - OJT, volunteer/community service, grant diversion, CWEP, unpaid work experience, part-time employment, full time employment, social services, other

## Instructions for completing the Work Verification Log

### Why you must complete this form

We are required to verify activities and hours that we report to the federal government in order to continue getting federal funding.

### How to complete this form

This is a weekly log of your work related activities. Please list the specific date (month and day) under each day of the week- Sunday through Saturday.

For each approved activity you participate in, write in the following information in the spaces provided:

- What the specific activity was. (A list of sample activities shown on the bottom of the first page.)
- Date you did the activity and the number of hours you spent on that activity on that day.

### Get a signature verifying your activities

This form is to verify your activities and hours. You must have a responsible person (e.g. employer, instructor) sign/date this form in the boxes provided on the form. They should include their position title. To protect your privacy, you may want to use a separate form for each type of activity or for each person who must sign this form.

You must also sign and date the form in the space provided at the bottom of the verification log.

### How and when to turn the form in

Your counselor will tell you the specific date you must return this form to the employment services office. You may return it more often, but must return it at least every 2 weeks. If it is not completed and returned, we may report you for non-cooperation to your county financial worker.

You may hand deliver this form or mail it to the office at the address shown below:

AGENCY NAME		
ADDRESS		
CITY	STATE	ZIP CODE

If you have any questions about the form and what to do with it, you can call:

WORKER NAME	TELEPHONE NUMBER
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Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានព័ត៌មានបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປ ຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທອ໌ ທາຕາມເລກໂທອ໌ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

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

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0002 (10-09)

ADA5 (3-12)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.