

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

## Weekly Work Experience Time Sheet

Work Experience Provider: \_\_\_\_\_

Client Name: \_\_\_\_\_ MCI: \_\_\_\_\_

Week of: START: \_\_\_\_\_ END: \_\_\_\_\_

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

Comments on Client Performance:

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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