



Pechanga Tribal TANF Program Client Work Activity Log

CLIENT INFORMATION:

Client Name:

PTTP Case #:

Reporting Month:

Reminder: Penalties and Sanctions will be imposed for failure to meet your assigned work participation hours and hours not turned in. Only hours verified and documented on your work plan will be accepted. **(REMEMBER TO ATTACH ALL VERIFICATIONS)**

WORK HOURS: (Do not check the box, please enter the number of hours worked or in training.)

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	TOTAL	Weekending:
<input type="checkbox"/> Employment									
<input type="checkbox"/> Subsidized Employment/Work Experience									
<input type="checkbox"/> Job Skills/Vocational Training									
<input type="checkbox"/> Job Search/Readiness									
<input type="checkbox"/> Life Skills/Education-HS-GED									
<input type="checkbox"/> Culturally Relevant Work Activities									
<input type="checkbox"/> Family Formation/Parenting Activities									
<input type="checkbox"/> Other:									
Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	TOTAL	Weekending:
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<input type="checkbox"/> Subsidized Employment/Work Experience									
<input type="checkbox"/> Job Skills/Vocational Training									
<input type="checkbox"/> Job Search/Readiness									
<input type="checkbox"/> Life Skills/Education-HS-GED									
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<input type="checkbox"/> Other:									

CERTIFICATION:

In signing this work activity log I declare that all information is accurate and correct, I understand that submitting false information can jeopardize my eligibility for Tribal TANF assistance. I certify under penalty of perjury that all of the above information is true and complete.

Client Signature:

Date Signed: