



SNAP Employment & Training Employment Services Weekly Activity Log

Participant's Name
MAXIS Case Number
Employment Counselor Name

Activity for the week of:

From Sunday: ___/___/___ to Saturday: ___/___/___

Total required hours for the week: _____

For Office Use:
Date Received

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Employment							
Job Search							
Uncompensated Work							
Post-Secondary Education							
High School							
GED							
Adult Basic Education							
English Classes (ESL/FWL)							
Total							

Participant certification statement:

I certify that the job search activities and the time spent on them are true and correct. I understand:

- My Employment Counselor 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	Counselor Signature	Date
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