

## Weekly Job Readiness Timesheet

*This form must be submitted to your Pathways Client Advocate every week.*

Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Wk \_\_\_\_\_ of 4

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
8:00							
:30							
9:00							
:30							
10:00							
:30							
11:00							
:30							
12:00							
:30							
1:00							
:30							
2:00							
:30							
3:00							
:30							
4:00							
:30							
5:00							
:30							
<b>Daily total</b>							
						<b>Total weekly hours</b>	

*By signing below I agree that the actual time I have reported in the job search activities is accurate. I understand that the specific employer may be contacted to verify actual participation in the activity. I also understand that failing to provide accurate information may result in a recommendation for sanction and/or disqualification from the TANF program based on an intentional program violation.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Client Advocate \_\_\_\_\_ Date \_\_\_\_\_

Department of Public Health & Human Services  
 Human & Community Services Division

**Job Search Employer Contact Sheet**

*This form must be submitted to your Pathways Client Advocate every week.*

Date	Business Name or Description of Job Search/Job Readiness Activity	Person Contacted – Name and Title	Phone Number	Actual Hours/How long did it take?	Verification Office Use ONLY

**Job Search includes:**

- Making contact with potential employers
- Learn of suitable openings
- Applying for vacancies
- Labor market information review/research
- Interviewing for jobs
- Referral to Job Service
- Writing letters of application and thank you notes

**Job Readiness assistance includes:**

- Preparing a resume or master application
- Training in interviewing skills/effective job seeking
- Instruction in work place expectations (i.e., dress code, behavior on the job)
- Business development activities for self-employment
- Life & soft skills training
- Attending Job Club meetings where job openings are discussed and applications are completed
- Career exploration to determine true interest in a career

**You must attach verification for each activity listed. Verification may include copies of applications, cover letters, resumes; business cards, on-line or kiosks printouts, appointment cards, or training attendance records.**

**By signing below, I agree that the actual time I have reported in the activities is accurate. I understand that the specific employer may be contacted to verify actual participation in the activity. I also understand that failing to provide accurate information may result in a recommendation for sanction and/or disqualification from the TANF program based on an intentional program violation.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Advocate \_\_\_\_\_ Date \_\_\_\_\_