



WT/SNAP ACTIVITY TIMESHEET

Please mark the appropriate activity and program:

☐ WT

☐ SNAP

☐ Community Service

☐ Work Experience

☐ Job Skills Training

☐ Job Search Training (SNAP)

Participant Name:		OSST ID or RFA #:	
Supervisor Name:		Supervisor Phone:	
Organization Name:		Organization Phone:	
Career Specialist Name		Career Specialist Phone	

Hours Scheduled/Assigned per week: _____ Next appointment with Career Specialist: _____

WEEK OF: _____	Time In (am)	Time Out (am)	Time In (pm)	Time Out (pm)	TOTAL HOURS Each day	TOTAL HOURS COMPLETED FOR THE WEEK: _____	Supervisor's Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							Date

WEEK OF: _____	Time In (am)	Time Out (am)	Time In (pm)	Time Out (pm)	TOTAL HOURS Each day	TOTAL HOURS COMPLETED FOR THE WEEK: _____	Supervisor's Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							Date

Career Specialist Signature: _____

Date: _____