

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Supplemental Nutrition Assistance Employment and Training (SNA E&T) Program

MONTHLY WORK ACTIVITY REPORT

Participant Name (Last, First, M.I.): _____ JAS ID Number: _____ Due On: _____
 SNA E&T Specialist Name: _____ Phone Number: _____ Fax Number: _____ Email: _____

PARTICIPATION ACTIVITY HOURS

Write the hours of participation under each appropriate day. If no participation write one of the following: **A = ABSENT** (Explain in comments) • **N = NOT SCHEDULED** • **H = HOLIDAY**

Activity	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Weekly Totals	
WEEK 1 / DATE:									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NUMBER
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									
Veterans Employment and Training									
GRAND TOTAL									
WEEK 2 / DATE:									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NUMBER
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									
Veterans Employment and Training									
GRAND TOTAL									

My signature below certifies that the participation hours recorded above are true and correct. I understand that benefits and funds that I receive may depend on my participation in the SNA E&T Program. Penalties will be applied if I willfully misrepresent this participation information. I understand that I must tell my SNA E&T Specialist if I receive an allowance from any other source for transportation.

SNA E&T PARTICIPANT SIGNATURE	DATE	SNA E&T SPECIALIST APPROVAL	DATE
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Activity	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Weekly Totals	
WEEK 3 / DATE:									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NUMBER
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									
Veterans Employment and Training									
GRAND TOTAL									
WEEK 4 / DATE:									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NUMBER
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									
Veterans Employment and Training									
GRAND TOTAL									

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Participant Name (Last, First, M.I.): _____ JAS ID Number: _____ Due On: _____

Activity	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Weekly Totals	
WEEK 5 / DATE:									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NUMBER
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									
Veterans Employment and Training									
GRAND TOTAL									

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SNA E&T PARTICIPANT SIGNATURE	DATE	SNA E&T SPECIALIST APPROVAL	DATE
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COMMENTS: