

SELF-EMPLOYMENT LOG

PERSONAL INFORMATION

Client's Name (*Last, First, M.I.*): _____ Calendar Month (Mo./Yr.) _____

Client's Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____ Client's Phone No.: _____

Client's ID. No.: _____ Child Care Specialist's Name: _____ Phone Number: _____

#	Date Job Performed	Total Hours Worked	Gross & Amount Paid	Date Paid	Method Of Payment	Type Of Work	Employer's Name, Address, Phone No. <small>(Or location of self employed activity)</small>
1.					Check Cash Money Order Other		
2.					Check Cash Money Order Other		
3.					Check Cash Money Order Other		
4.					Check Cash Money Order Other		
5.					Check Cash Money Order Other		
6.					Check Cash Money Order Other		
7.					Check Cash Money Order Other		
8.					Check Cash Money Order Other		

Total	
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	Date Job Performed	Total Hours Worked	Gross & Amount Paid	Date Paid	Method Of Payment			Type Of Work	Employer's Name, Address, Phone No. <i>(Or location of self employed activity)</i>
9.					Check Other	Cash	Money Order		
10.					Check Other	Cash	Money Order		
11.					Check Other	Cash	Money Order		
12.					Check Other	Cash	Money Order		
13.					Check Other	Cash	Money Order		
14.					Check Other	Cash	Money Order		
15.					Check Other	Cash	Money Order		
16.					Check Other	Cash	Money Order		
17.					Check Other	Cash	Money Order		
18.					Check Other	Cash	Money Order		
19.					Check Other	Cash	Money Order		

Total	
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	Date Job Performed	Total Hours Worked	Gross & Amount Paid	Date Paid	Method Of Payment			Type Of Work	Employer's Name, Address, Phone No. <i>(Or location of self employed activity)</i>
20.					Check Other	Cash	Money Order		
21.					Check Other	Cash	Money Order		
22.					Check Other	Cash	Money Order		
23.					Check Other	Cash	Money Order		
24.					Check Other	Cash	Money Order		
25.					Check Other	Cash	Money Order		
26.					Check Other	Cash	Money Order		
27.					Check Other	Cash	Money Order		
28.					Check Other	Cash	Money Order		
29.					Check Other	Cash	Money Order		
30.					Check Other	Cash	Money Order		

Total	
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DO NOT SIGN AND DATE THIS FORM BEFORE THE LAST DAY OF THE MONTH.
Use an additional sheet if necessary - I certify the information above is correct

Client's Signature: _____ Date: _____