

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

MONTHLY WORK ACTIVITY REPORT

PARTICIPANT NAME <i>(Last, First, M.I.)</i>				JAS ID NO.	DUE ON:
SNA E&T SPECIALIST NAME		PHONE NO.	FAX NO.	EMAIL ADDRESS	

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	Tues	Wed	Thurs	Fri	Weekly Totals	
WEEK 1									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NO.
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									(Check all that apply) Submit Application/Resume Interview Follow-Up Call/Email Other:
GRAND TOTAL									Did you incur a Transportation Expense? Yes No
WEEK 2									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NO.
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									(Check all that apply) Submit Application/Resume Interview Follow-Up Call/Email Other:
GRAND TOTAL									Did you incur a Transportation Expense? Yes No

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	Tues	Wed	Thurs	Fri	Weekly Totals	
WEEK 3									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NO.
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									(Check all that apply) Submit Application/Resume Interview Follow-Up Call/Email Other:
GRAND TOTAL									Did you incur a Transportation Expense? Yes No

Activity	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Weekly Totals	
WEEK 4									SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NO.
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									(Check all that apply) Submit Application/Resume Interview Follow-Up Call/Email Other:
GRAND TOTAL									Did you incur a Transportation Expense? Yes No

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SNA E&T PARTICIPANT SIGNATURE	DATE	SNA E&T SPECIALIST APPROVAL	DATE
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MONTHLY WORK ACTIVITY REPORT

PARTICIPANT NAME <i>(Last, First, M.I.)</i>	JAS ID NO.	DUE ON:
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Activity	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Weekly Totals	SITE MONITOR'S NAME, SIGNATURE, LOCATION & PHONE NO.
WEEK 5									
Employment									
Job Readiness									
Education/Training									
Homework									
TAA									
WIOA									
Work Experience									
Community Service									
Job Search									(Check all that apply) Submit Application/Resume Interview Follow-Up Call/Email Other:
GRAND TOTAL									Did you incur a Transportation Expense? Yes No
MONTHLY TOTAL									

COMMENTS:

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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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.