

Client's Name:**Time Sheet for DATES: 8/28/10 – 9/24/10**

DETAILS	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	FRIDAY	Week Total
Day	8/28	8/29	8/30	8/31	9/1	9/2	9/3	25+ Hrs? Y / N
Activity Code								
# of hours								
Verified by								
Day	9/4	9/5	9/6	9/7	9/8	9/9	9/10	25+ Hrs? Y / N
Activity Code								
# of hours								
Verified by								
Day	9/11	9/12	9/13	9/14	9/15	9/16	9/17	25+ Hrs? Y / N
Activity code								
# of hours								
Verified by								
Day	9/18	9/19	9/20	9/21	9/22	9/23	9/24	25+ Hrs? Y / N
Activity Code								
# of hours								
Verified by								

Explain what activities you completed, please include who we can contact for verification with their phone number. If you did not meet your 25 hours per week, please explain why you were unable to comply with your work activity requirement.

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