



PO Box 580  
 Okmulgee, Oklahoma 74447  
 Okmulgee : 918-732-7985 Fax: 918-758-1477  
 Jenks : 918-549-2484 Fax: 918-298-4197  
 Wetumka: 405-452-1109 Fax: 918-758-1477

# WEEKLY TIME REPORT

Participant Name: \_\_\_\_\_

Reporting Period	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Travel Time	Weekly Total
								<i>TANF Use only</i>	
Employment Address: _____ _____									
Work Experience Address: _____ _____									
Other:									
Comments:									

**Certification of hours: I hereby certify that this is a true & correct record of participants attendance for the Report Period indicated.**

Supervisor Signature: _____	Date Signed: / /20__	Contact Number: ( ) -
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**Certification of hours: I hereby certify that this is a true & correct record of participants attendance for the Report Period indicated.**

Supervisor Signature: _____	Date Signed: / /20__	Contact Number: ( ) -
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**Participant Certification: I hereby certify that this is a true & correct record of my attendance for the Report Period indicated.**

Participant Signature: _____	Date Signed: / /20__	Contact Number: ( ) -
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TANF PROGRAM OFFICE USE ONLY									
Total Weekly Hours:					Total Monthly Hours:				
Weekly WP Code					Weekly WP Code				
1:	2:	3:	4:	5:	1:	2:	3:	4:	5:
Incentive Amount issued: \$					Incentive Amount issued: \$				



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## WEEKLY TIME REPORT

### Education & Training Activities

Participant Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Please circle: College      Vocational Education      GED

Reporting Period	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday	Travel Time	Weekly Total
								<i>TANF Use only</i>	
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Instructor Signature:									
Absences:									
School Holiday									
Class Cancelled									
Doctor Appointment									
Unexcused									
Study Time TANF USE ONLY									
Comments:									
<b>Participant Certification: I hereby certify that this is a true &amp; correct record of my attendance for the Report Period indicated.</b>									
Participant Signature: _____				Date Signed:    /    /20_____			Contact Number: (    )    -		

TANF PROGRAM OFFICE USE ONLY									
Total Weekly Hours:					Total Monthly Hours:				
Weekly WP Code					Weekly WP Code				
1:	2:	3:	4:	5:	1:	2:	3:	4:	5:
Incentive Amount issued: \$					Incentive Amount issued: \$				