Daily Activity and Assignment Timesheet

Supplemental Nutrition Assistance Program
Employment and Training (SNAP E&T)

This form is to be completed **Daily** and must be submitted to CareerSource Suncoast (CSS) by close of business. The form **Must** have all applicable information completed, signed, and dated with supporting documentation to ensure credit for attendance.

Client Name: _____ **Last 4 SSN:** _____

Daily Hours for the Date of: _____

Supervised Job Search (SJS), Job Search Training (JST), Education (ED)

Assignment	JST Hours	Ed. Hours	SJS Hours	CSS Staff
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
				Print Name: _____ Signature: _____
Total Hours	0.00	0.00	0.00	

Client Signature: _____ **Date:** _____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.