

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Employment Administration  
 Supplemental Nutrition Assistance Employment and Training (SNA E&T) Program  
**WORK ACTIVITY REPORT**

PARTICIPANT NAME (Last, First, M.I.)				JAS ID NO.		<b>REPORT FOR WEEK ENDING FRIDAY:</b>			
SNA E&T SPECIALIST NAME			SNA E&T SPECIALIST PHONE NO.			SNA E&T SPECIALIST FAX NO.		SNA E&T SPECIALIST 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

*Note: The Official Activity site Monitor's printed name, signature and contact phone are required where indicated.*

Activity	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total	Official Activity Site Monitor's Name <i>(Please Print)</i>	Official Activity Site Monitor's Signature	Contact Phone Number
<b>Job Search*</b>											
<b>Job Readiness</b>											
<b>Education/Training</b>											
<b>Homework</b>											
<b>Work Experience</b>											
<b>Employment</b>											
<b>Other (please specify)</b>											

*\* Job Search Employer contact record MUST BE SENT WITH THIS COMPELTED FORM to verify participation for hours entered.*

**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
<b>THIS SPACE FOR SNA E&amp;T USE ONLY</b>		TRE PAYMENT:		TRANSACTION ID:		DATE PROCESSED:	

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. • Ayuda gratuita con traducciones relacionadas a los servicios del DES está disponible a solicitud del cliente.

### JOB SEARCH EMPLOYER CONTACT RECORD SECTION

Please fill out all information clearly and completely

*Note: This form must be returned each week with the WORK ACTIVITY REPORT to verify your job search and hours of participation*

PARTICIPANT NAME (Last, First, M.I.)	JAS ID NO.	PAGE    OF
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SNA E&T SPECIALIST NAME	Combine with Work Activity Report for week ending <b>FRIDAY:</b>	<b>THIS SPACE FOR SNA E&amp;T STAFF ONLY VERIFIED (If applicable)</b>
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DATE	CONTACT TYPE	EMPLOYER NAME/ ADDRESS/WEBSITE/ LOCATION OF JOB FAIR OR JOB CLUB	BUSINESS PHONE/ FAX NO./EMAIL	POSITION(S) APPLIED FOR	RESULTS	TIME SPENT	
	<input type="checkbox"/> In - Person <input type="checkbox"/> Online - Home <input type="checkbox"/> Online – Other Location <input type="checkbox"/> Career Center/One-Stop <input type="checkbox"/> Job Fair <input type="checkbox"/> Other:				<input type="checkbox"/> Submit Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-Up Call/Email <input type="checkbox"/> Other:	Hrs:    Min:	
	<input type="checkbox"/> In - Person <input type="checkbox"/> Online - Home <input type="checkbox"/> Online – Other Location <input type="checkbox"/> Career Center/One-Stop <input type="checkbox"/> Job Fair <input type="checkbox"/> Other:				<input type="checkbox"/> Submit Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-Up Call/Email <input type="checkbox"/> Other:	Hrs:    Min:	
	<input type="checkbox"/> In - Person <input type="checkbox"/> Online - Home <input type="checkbox"/> Online – Other Location <input type="checkbox"/> Career Center/One-Stop <input type="checkbox"/> Job Fair <input type="checkbox"/> Other:				<input type="checkbox"/> Submit Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-Up Call/Email <input type="checkbox"/> Other:	Hrs:    Min:	
	<input type="checkbox"/> In - Person <input type="checkbox"/> Online - Home <input type="checkbox"/> Online – Other Location <input type="checkbox"/> Career Center/One-Stop <input type="checkbox"/> Job Fair <input type="checkbox"/> Other:				<input type="checkbox"/> Submit Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-Up Call/Email <input type="checkbox"/> Other:	Hrs:    Min:	
	<input type="checkbox"/> In - Person <input type="checkbox"/> Online - Home <input type="checkbox"/> Online – Other Location <input type="checkbox"/> Career Center/One-Stop <input type="checkbox"/> Job Fair <input type="checkbox"/> Other:				<input type="checkbox"/> Submit Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-Up Call/Email <input type="checkbox"/> Other:	Hrs:    Min:	

The SNA E&T Specialist has carefully explained my rights and responsibilities regarding Job Search and I fully understand. I understand that all fields must be thoroughly completed for each contact made. By signing below, I understand that the information is true to the best of my knowledge and ability; I further understand that my SNA E&T Specialist will verify information on this form. I understand that it is against the law for me to falsify this information for the purposes of obtaining benefits from the Department of Economic Security (DES). I understand that if I falsify this information for the purpose of avoiding participation in the SNA E&T Program, I may lose all or part of my SNAP Benefits.

SNA E&T PARTICIPANT SIGNATURE	DATE	SNA E&T SPECIALIST APPROVAL	DATE
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