



**DIVISION OF SOCIAL SERVICES
SNAP ABAWD Work Activity Timesheet**

Participant Name: _____

Case ID/UPI: _____

Reporting Month & Year: _____

| Work Activity #1 | | | | | | |
|--|---|---------------|---------------|---------------|---------------|--------------------|
| Organization/Program/Authorized Supervisor Name: _____ | | | | | | |
| Activity Type (Refer to page 2 for qualified activity types) | Weeks in a Month (Enter the number of hours completed each week in approved work activity) | | | | | Total Hours |
| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Hours | | | | | | |

| Work Activity #2 | | | | | | |
|--|---|---------------|---------------|---------------|---------------|--------------------|
| Organization/Program/Authorized Supervisor Name: _____ | | | | | | |
| Activity Type (Refer to page 2 for qualified activity types) | Weeks in a Month (Enter the number of hours completed each week in approved work activity) | | | | | Total Hours |
| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Hours | | | | | | |

| Organization/Program/Authorized Supervisor Verification | |
|---|----------------------------|
| I verify that the participant named above completed the hours as documented and that the activities were supervised and structured in accordance with program requirements. | |
| Work Activity #1 | Work Activity #2 |
| Name: _____ | Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |
| Phone Number: _____ | Phone Number: _____ |

| Participation Attestation |
|---|
| I certify that the hours listed above are accurate and reflect my participation in the approved activity. |
| Participant Signature: _____ Date: _____ |



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ABAWD Activity Report Descriptions and Examples

These descriptions are examples of activities that may count toward ABAWD participation and are subject to eligibility review when completed in an approved ABAWD work program.

Supervised Job Search - Helps you find employment. Activities can include:

- Contacting potential employers
- Searching for job listings online or in-person
- Obtaining identification, professional licenses, or certifications required for a job

Job Search Training - Provides support and instruction to help you get a job. Services may include:

- Resume writing, interview preparation, and creating a master application
- Guidance and coaching on job search strategies
- Workshops on workplace expectations and career planning

Basic Education - Helps you improve skills that increase employability. Activities can include:

- Basic computer skills, reading, or math assistance
- High School Equivalency (HSE, formerly GED)
- Basic Education for Adults (BEA)
- English Language Acquisition (ELA) classes

Supervised Life Skills - Increases your ability to manage work and everyday life. Activities may include:

- Time management, budgeting, and problem-solving workshops
- Communication and interpersonal skills training

Vocational Education - Provides specialized training programs leading to recognized credentials, such as:

- Welding
- Computer programming
- Healthcare certifications
- Other industry-recognized programs

Job Retention Services - Supports employed adults in keeping and advancing their jobs. Activities may include:

- Counseling or coaching
- Case management support
- Assistance with expenses related to maintaining employment

Unpaid Work - This can include:

- Volunteering at state, local, religious, or community non-profit organizations
- In-kind work in exchange for goods or services