

Activity Report Form

220 3rd Ave S, Suite 7 Wisconsin Rapids WI 54495

Due Date:

Customer		PIN		Case		Report Period	to
						Next Meeting	@
Activity 1:	Wkly Hrs	Activity 2:	Wkly Hrs	Activity 3:	Wkly Hrs	Activity 4:	Wkly Hrs:
If you have a work requirement and are doing Workfare to meet your hours, your other volunteer hours do not count towards your requirement.							

Office Use Only	Completed Hours		Completed Hours		Completed Hours		Completed Hours	
	Total Completed Hours		Total Miles traveled		Worker:			

Please turn in logs timely so you can receive credit for hours completed. Use the other side of this form to track non-job contact activity.

Examples	Date: 6/1	Start Time: 10:15am	End Time: 11:00am	Name: Subway	Type of Contact: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up	Contact method: <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> Email	Mike, manager said interviews are on 6/10
	Total Time: 45min	Did you travel for this job contact? <input checked="" type="checkbox"/> Yes, Miles Traveled: 12		Location: Main St, Wausau	Phone: 715 - 555 - 1212		
	Date: 6/1	Start Time: 1pm	End Time: 2pm	Name: Kwik Trip	Type of Contact: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up	Contact method: <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Email	Did application and survey online.
	Total Time: 1 hr	Did you travel for this job contact? <input type="checkbox"/> Yes, Miles Traveled:		Location: River Rd, Wausau	Phone: 715 - 555 - 2121		

Job Contacts		Time and Miles		Employer Information		Type of Contact		Contact/Results	Ver
Date:	Start Time:	End Time:	Name:	Type of Contact:	Contact method:				
Total Time:	Did you travel for this job contact? <input type="checkbox"/> Yes, Miles Traveled:		Location:	<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up	<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> Email				
Date:	Start Time:	End Time:	Name:	Type of Contact:	Contact method:				
Total Time:	Did you travel for this job contact? <input type="checkbox"/> Yes, Miles Traveled:		Location:	<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up	<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> Email				
Date:	Start Time:	End Time:	Name:	Type of Contact:	Contact method:				
Total Time:	Did you travel for this job contact? <input type="checkbox"/> Yes, Miles Traveled:		Location:	<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up	<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> Email				

This institution is an equal opportunity provider.

By submitting this form to the CF agency, I (the named customer above) am confirming everything I reported is true and correct.

