

Monthly Work Hours Log

Name _____ Month and year _____ State _____ Case or ID number _____

Program (circle): Medicaid SNAP Both Write one line per activity per day. Count real hours only. Keep the proof that matches each line.

Date	Activity (circle one)	Start	End	Hours	Pay (if any)	Who can confirm (name, phone or email)	Proof kept (stub, screenshot, sign-in sheet)
	Job Gig Volunteer Work prog. School						
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Month totals

Job or paid work _____ Gig or self-employed _____ Volunteer or community service _ Work program or training _____ School (or note half-time) _____

TOTAL HOURS this month (goal 80) _____ Total pay this month (Medicaid income option) _____

I confirm these hours and activities are true and complete to the best of my knowledge.

Signature _____ Date _____