

# WORKFARE PROGRAM REPORTING FORM

In accordance with RSA 165:31, any recipient of general assistance may be required to work for the municipality at any available job that is within the capacity of the recipient. As a condition of continuing eligibility for assistance, you are required to participate in the workfare program as described below. Any failure to participate as required may result in suspension of assistance.

**Recipient Name** \_\_\_\_\_ **Total hours owed** \_\_\_\_\_  
**Work site assigned** \_\_\_\_\_ **Supervisor** \_\_\_\_\_  
**First date to report** \_\_\_\_\_ **Daily shift, from** \_\_\_\_\_ **to** \_\_\_\_\_  
*(dates and shift may change with permission of welfare official)*

### TO BE COMPLETED BY WORK SITE SUPERVISOR

Form to be returned on a weekly basis.

<u>Date</u>	<u>Weekday</u>	<u># Hours Assigned</u>	<u># Hours Time In</u>	<u>Time Out</u>	<u>Worked</u>	<u>Supervisor Initials</u>
_____	Sunday	_____	_____	_____	_____	_____
_____	Monday	_____	_____	_____	_____	_____
_____	Tuesday	_____	_____	_____	_____	_____
_____	Wednesday	_____	_____	_____	_____	_____
_____	Thursday	_____	_____	_____	_____	_____
_____	Friday	_____	_____	_____	_____	_____
_____	Saturday	_____	_____	_____	_____	_____
<b>TOTAL HOURS WORKED</b>					_____	

**Supervisor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Recipient/workfare participant certification:**

I understand that failure to fully comply with the workfare program, without just cause, may result in denial of further assistance. I further understand that workfare is for the purpose of working off hours in exchange for assistance granted and that no actual wages will be paid to me.

\_\_\_\_\_  
 Recipient/workfare participant signature

\_\_\_\_\_  
 Date