

# 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	_____	_____	_____	_____	_____

**TOTAL HOURS WORKED** \_\_\_\_\_

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