



Lower Elwha General Assistance Time Sheet

Client Name _____

Case Worker Name: _____

Phone Number: _____

Month: _____

Due by the 5th of every month.

Date	Start Time	End Time	Total Hours	Name of Business/Activity	Signature, Job Title & Phone # of Job Contact Person
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Total Hours: _____ Income received _____ Source of Income _____

Client Signature: _____ Date: _____ Case Manager: _____ Date: _____