JUMPSTART PARTICIPANT
TWE EMPLOYMENT LOGS

PLEASE PRINT CLEARLY　　　**LOGS MUST　BE SUBMIT　ON THE LAST　DAY OF PAY　PERIOD**

PARTICIPANT FIRST NAME: | **PARTICIPANT LAST NAME:** | **CUSTOMER ID:**

IDO: | **IDO MENTOR:**

PERIOD BEGINNING DATE: (SUNDAY) | **PERIOD END DATE: (SATURDAY)**

WEEK	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS	SUPERVISOR SIGNATURE
Week 1 Hours									
Week 2 Hours									
Total Hours									TOTAL HOURS FOR MONTH

EMPLOYMENT NAME AND LOCATION:

EMPLOYMENT SUPERVISOR NAME (PLEASE PRINT):	**EMPLOYMENT SUPERVISOR SIGNATURE:**	**DATE:**