

**Georgia Department of Human Services  
Division of Family and Children Services  
SELF-EMPLOYMENT WORK CALENDAR**

Work Calendar for \_\_\_\_\_  
(Month)

Date	Name of Person or Job Done	Hours Worked	Money Earned	Cost of Doing Business (Please keep receipts)

**Total Gross Earnings:** \_\_\_\_\_

I declare this information to be an accurate account of my earnings for the month shown.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_