

**Georgia Department of Human Services  
SELF-EMPLOYMENT WORK CALENDAR LOG**

**Name:** \_\_\_\_\_

**FS #** \_\_\_\_\_

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

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Amount Paid							
Amount Paid							
Amount Paid							
Amount Paid							
Amount Paid							

**Please keep these forms every month and return them at your next Food Stamp review.**