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: _____

Draft Copy. Not for Official Purposes.