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|  | **Tennessee Department of Human Services****Family Assistance Self-Employment Calendar** |
|  |
| **Employee Name** |  |  | **Month/Year** |  |  |
| **Case Number or SSN:**  |  |  | **Type of Work Performed:** |  |  |
|  |  |  |  |  |  |  |  |
|  | **SUN** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $ | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $ | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $  | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $ | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $ | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |
| **GROSS** | $ | $ | $ | $ | $ | $ | $ |
| **HOURS** |  |  |  |  |  |  |  |
| **Note:** Employee or employer will enter the following information in each block: 1) the day’s date 2) the day’s gross earnings 3) the number of hours worked that day. |
| If you have business expenses for this time period, please provide an itemized list and proof along with this form. Please include how often you expect these expenses to occur.  |
|  |  |  |  |  |
| **Signature of individual completing form** |  |  | **Date** |  |  |
| **Phone # of individual completing form** |  |  |