

Date Stamp:

Workforce Resource, Inc.

FARF

FSET Employment Plan & Activities

You have agreed to participate in following activities in the FSET Program with your Career Planner. **Forms may be dropped off at the office, emailed, faxed, on-line, scanned and by phone.** If reporting by phone, please follow-up with a hard copy by the 5th of the month.

ACTIVITIES AND INSTRUCTIONS:	Verifications:	Hours:
1)		
2)		
3)		
4)		
5)		
6)		
Notes/Reminders:		TOTAL:

✓ Please return every two weeks, no later than the end of the month. Mileage reimbursement is reimbursed on the 1st and 16th of each month. If office is closed, due date will be the next open business day.

<p>I certify that the stated information in this packet is true.</p> <p>_____</p> <p>Participant's Signature Date</p>	<p>I have reviewed the activities on this form.</p> <p>_____</p> <p>CP Signature Date</p>
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ACTIVITY 1:	Assigned Total Hours:
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Date:	Begin Time:	End Time:	Total Hours:	Activity Description:	Signature & Phone #/ Verification Used:	Staff Initial/Contact:
Total Hours Completed:			Missed Hours:	Reasons & Verifications Provided For Missed Hours:		

FOR OFFICE USE ONLY:		
Total Hours Assigned:	Total Hours Completed:	Total Non-Participation Hours:
Good Caused Hours:	Good Cause Reasons & Verifications Provided:	

Workforce Resource Inc. is an equal opportunity service provider. If you need assistance to access services or need materials in an alternate format contact our EO officer at 1-855-792-5439. WRI uses WI Relay 711

ACTIVITY 2:	Assigned Total Hours:
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Date:	Begin Time:	End Time:	Total Hours:	Activity Description:	Signature & Phone #/ Verification Used:	Staff Initial:

Total Hours Completed:	Missed Hours:	Reasons & Verifications Provided For Missed Hours:
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FOR OFFICE USE ONLY:		
Total Hours Assigned:	Total Hours Completed:	Total Non-Participation Hours:
Good Caused Hours:	Good Cause Reasons & Verifications Provided:	

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ACTIVITY 3:	Assigned Total Hours:
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Date:	Begin Time:	End Time:	Total Hours:	Activity Description:	Signature & Phone #/ Verification Used:	Staff Initial:

Total Hours Completed:	Missed Hours:	Reasons & Verifications Provided For Missed Hours:
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FOR OFFICE USE ONLY:		
Total Hours Assigned:	Total Hours Completed:	Total Non-Participation Hours:
Good Caused Hours:	Good Cause Reasons & Verifications Provided:	

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