



SELF EMPLOYMENT WORK CALENDAR

Month: _____ **Year:** _____ **For every day you work, enter the date, gross (before taxes) amount of money earned, and the total number of hours worked for that day.**

Submit the work calendar with ONE of the following documents: Business Licenses, verification of taxes being paid (tax return), client references (signed & dated letters outlining services you provide) or checking account statements showing business activities.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	OFFICE USE ONLY: Weekly Totals
Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	\$ _____ Hrs.: _____
Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	\$ _____ Hrs.: _____
Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	\$ _____ Hrs.: _____
Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	\$ _____ Hrs.: _____
Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	Date: _____ \$: _____ Hrs. _____	\$ _____ Hrs.: _____
<p>I attest that the information provided above is an accurate reflection of my income from self-employment. I understand it is against the law to receive School Readiness Services for my child(ren) by giving false information and failing to update pertinent information and if I do so I may be liable and prosecuted under Florida Statute 414.39, Public Assistance Fraud.</p> <p>Print Name: _____ Phone Number: _____ Job Description: _____</p> <p>Signature: _____ Date Completed: _____</p>							<p>Monthly Totals:</p> <p>\$ _____</p> <p>Hours: _____</p>

UPDATED SELF-EMPLOYMENT DOCUMENTATION IS REQUIRED AT EVERY INTAKE, REDETERMINATION, AND UPDATE.

