

**SELF EMPLOYMENT PROGRAM PHASE 1 BI-WEEKLY PAY REPORT**

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

**Period Beginning Week 1:** \_\_\_\_\_ **Period Beginning Week 2:** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
<b>Wk. 1</b>								
<b>Wk. 2</b>								

**Please read and circle the appropriate response to each question:**

- Are you working on your business plan development full time (35 hours a week)? Yes No
- Are you still operating in accordance to your business concept summary? Yes No  
If not, explain :
- If you are in need of financing have you started the process? Yes No  
If no, explain:
- Did you attend any workshops/training sessions in the past 2 weeks? Yes No  
If yes, what did you attend:
- Has there been any change in the business ownership? Yes No  
If yes, explain:

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>TIME SHEET DUE:</b> _____
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**Approved By:** \_\_\_\_\_

**General Manager:** \_\_\_\_\_

<b>Basic Weekly Allowance:</b>	
<b>Total Number of Weeks:</b>	
<b>Total Payment:</b>	