

**SELF EMPLOYMENT PROGRAM PHASE 2 BI-WEEKLY 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:**

1. Are you working at your business full time (35 hours a week)? Yes No
2. Are you still operating in accordance to your business plan?  
If not, explain : Yes No
3. Is your business bank account still active? Yes No
4. Have you taken any vacation time (more than 2 days)?  
If yes, explain: Yes No
5. Have you taken any sick time (more than 2 days)?  
If yes, explain: Yes No
6. Has there been any change in the business ownership?  
If yes, explain: Yes No

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

**Date:** \_\_\_\_\_

**TIME SHEET DUE:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

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

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