|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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** | | | | | |  | | | | | | |  |