WORK EXPERIENCE PROGRAM (WEP) VERIFICATION FORM

☐ CWEP  ☐ AWEP  _____HRS/FLSA 4-wk  _____HRS/FLSA 5-wk  ☐ 20 HOURS  ☐ 30 HOURS  ☐ OTHER: ___HRS

Participant's Name ___________________________  RID # ___________________________

Host Site ___________________________  Host Site Supervisor ___________________________

NHEP Representative ___________________________  NHEP Employment Counselor and Office Location ___________________________

You must give proof of the actual hours you worked each day. All daily blocks must be filled in before the Host Site supervisor will sign this form, covering a ONE-week time period. This signed, completed form must be returned to the NHEP representative.

Enter the beginning date of each week, starting on Saturday, and enter the number of hours worked for each day. If you did not work all the hours scheduled, enter the number of hours you did work and then indicate:

- ‘N/A’ if not scheduled
- ‘ABS’ for hours absent (for partial hours absent, please indicate both attended and absent hours)
- ‘HOL’ for when work site is closed due to a holiday

<table>
<thead>
<tr>
<th>WEEK BEGINNING:</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/___</td>
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</tr>
</tbody>
</table>

EXAMPLE:

<table>
<thead>
<tr>
<th># of Hours</th>
<th># of Hours</th>
<th># of Hours</th>
<th># of Hours</th>
<th># of Hours</th>
<th># of Hours</th>
<th># of Hours</th>
<th>WEEKLY HOURS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>4</td>
<td>4</td>
<td>2 ABS</td>
<td>4</td>
<td>4</td>
<td>18 2 ABS</td>
</tr>
</tbody>
</table>

Please state the reason(s) for any hours absent and attach verification: ____________________________________________________________

_____________________________  ___________________________
WEP Participant’s Signature  Date

I verify that the above hours were monitored and supervised at the Host Site and are recorded accurately.

_____________________________  ___________________________
Host Site Supervisor’s Signature  Printed Name  Date

Comments: ____________________________________________________________

NH DHHS, NH Employment Security, and NH Community Action Agencies are Equal Opportunity Employers and comply with the American Disabilities Act. TTY Access: Relay NH 1-800-735-2964 or 711

DFA SR 12-12 (3YC)