



Income Assistance

Case Number: _____

Form I – Productive Choice Time Log

Applicant Information

Last Name		First Name	
Telephone		Date of Birth (YY/MM/DD) / /	
Current Mailing Address			
Community		, NT	Postal Code

Time Log

Location		Date (YY/MM/DD) / /	Contact Name
Telephone	Activity	Hours	Supervisor Signature
Location		Date (YY/MM/DD) / /	Contact Name
Telephone	Activity	Hours	Supervisor Signature
Location		Date (YY/MM/DD) / /	Contact Name
Telephone	Activity	Hours	Supervisor Signature
Location		Date (YY/MM/DD) / /	Contact Name
Telephone	Activity	Hours	Supervisor Signature
Location		Date (YY/MM/DD) / /	Contact Name
Telephone	Activity	Hours	Supervisor Signature

Declaration

I understand the requirements outlined in my Productive Choice Agreement and that I must obtain a Supervisor's signature in support of my Productive Choice.

Applicant Signature	Date (YY/MM/DD) / /
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