|  |
| --- |
| **Service Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Month/Year:** [ ] September 2019 [ ] October 2019 [ ] November 2019 [ ] December 2019 [ ] January 2020 [ ] February 2020 [ ] March 2020 [ ] April 2020 [ ] May 2020 [ ] June 2020 [ ]  July 2020 [ ] August 2020 |
| **Instructions:** Complete all sections of this form. At least one form of communication is required for each day of teleservice. Check the appropriate type of communication. If other, please list the type of communication used. Submit completed form and all assignments to your site supervisor within one (1) business day of the last date teleservice was performed. Site supervisor will verify dates, times, and assignments and submit this log to the ACCESS Project Director within three (3) business days. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**(mm/dd/yy) | **Time In**(am/pm) | **Time Out**(am/pm) | **Total Hours Earned** | **Activities Performed & Assignment Produced**(Use statement from pre-approved master list.) | **Method of Communication with Supervisor**(Check at least one) |
|  | **Phone** | **Email** | **Other** *(specify)* |
| *Ex: 3/12/20* | *9am* | *12pm* | *3* | *I completed case notes; I conducted online job search for clients; I followed up with clients on potential jobs that I found; I followed up with client appointments I made* |  |  | *Google Hangouts* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total hours earned this month.** |  |

**Verification: By inserting my name on this form, I certify that all information is true and accurate. Any falsification of information will result in service hours being disallowed.**

|  |  |
| --- | --- |
| **Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |