



Workforce Center Monthly Activity Log

My Contact Information:

Phone:

Fax:

Participant's Name

MAXIS Case Number

Employment Counselor's Name

Do you have new phone number or address? If so, please list below.

Reporting for the month of: Choose an item.

WEEK 1: [Click here to enter a date.](#) - [Click here to enter a date.](#)

Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Employment							
Medical/Health							
Other: Legal, Housing, Etc.							
Total							

Weekly Total:

WEEK 2: [Click here to enter a date.](#) - [Click here to enter a date.](#)

Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Employment							
Medical/Health							
Other: Legal, Housing, Etc.							
Total							

Weekly Total:

WEEK 3: [Click here to enter a date.](#) - [Click here to enter a date.](#)

Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Employment							
Medical/Health							
Other: Legal, Housing, Etc.							
Total							

Weekly Total:

Cottage Grove Service Center
13000 Ravine Parkway S
Cottage Grove, MN 55016
Phone: 651-430-4159
Fax: 651-430-4157

Forest Lake Service Center
19955 Forest Road N
Forest Lake, MN 55025
Phone: 651-275-7260.
Fax: 651-275-7263

Government Center
14949 62nd Street North P.O. Box 30
Stillwater, MN 55082-0030
Phone: 651-430-6455
Fax: 651-430-6605

Woodbury Service Center
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8651
Fax: 651-275-8682



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WEEK 4: [Click here to enter a date.](#) - [Click here to enter a date.](#)

Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Employment							
Medical/Health							
Other: Legal, Housing, Etc.							
Total							

Weekly Total:

WEEK 5: [Click here to enter a date.](#) - [Click here to enter a date.](#)

Activities	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employment							
Medical/Health							
Other: Legal, Housing, Etc.							
Total							

Weekly Total:

Comments: _____

Participant certification statement:			
I certify that the job search activities and the time spent on them are true and correct. I understand:			
<ul style="list-style-type: none"> • My Employment Counselor may verify the activities I have listed on this activity log. • I must complete the activities and hourly requirements in my employment plan. • Failure to complete and report these activities and time spent in each activity may result in a sanction. • Providing false information may result in a fraud investigation referral. 			
Participant Signature	Date	Counselor Signature	Date

This information is available in other forms to people with disabilities by contacting us at 651-430-6455 voice or TTY/DD users can call 651-430-6246. Or use the Minnesota Relay service at 711 or 1-800-627-3529 or the Speech to Speech Relay at 1-877-627-3848.

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