



Sweat Equity Tracking Form

Partner Family

Name: _____

Turn in ***ORIGINAL*** Sweat Equity Forms at the end of each month in person, or in our drop box outside to:

921 Midway Rd. Menasha, WI 54952

NOTE: Each entry must be ***SIGNED*** and ***DATED*** or it may not be counted!

<u>Sweat Equity Performed by:</u>	<u>Date:</u> / /	<u>Household Member</u> <input type="checkbox"/>	<u>Friend/Relative</u> <input type="checkbox"/>	<u>Time in:</u> :	<u>Time Out:</u> :	<u>Total Hours:</u>	<u>Office Use ONLY</u>
<u>Task Performed:</u>		<u>Location:</u>			<u>Supervisor Signature:</u>		

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