



Mandatory Self Employment Log

Participant Name: _____ Case #: _____

Week Starting: Monday _____ to Sunday _____

Email this form to your Career Advisor at _____ every Monday by 5:00 p.m.
(for previous week's wages).

INCOME ***Must include proof of income like copies of checks, money orders, etc.		
Date	Source – Who Paid You (Must list Name of Business/Person, Address and phone number)	Amount Paid
Total Gross Income:		
EXPENSES ***Must include proof of business expenses like copies of receipts.		
Date	Source – Expense Item	Amount
Total Business Expenses:		

Note: If you did not include proof of income (ex: copies of checks, proof of the income received), or proof of the business expenses (ex: copies of receipts, etc), then Career Source Brevard Flagler Volusia (CSBFV) cannot count the income/expense.

Participant signature: _____ Date: _____

Career Advisor to complete:

Calculation: (Gross income _____) – (Business Expenses _____) = Net Income (_____ divided by (enter current minimum wage) **\$13.00** = # of hours _____.