

Participant Monthly Report

Self Employment Benefit Program



Note: As a participant in the Self Employment Benefit Program you are required to complete this report on a monthly basis. The completed report must be signed and delivered to _____ no later than the 10th of the month. Failure to do so may affect your entitlement to Self Employment Benefits.

Name _____ Report covers the month of _____, 20_____.

Business name _____

Main product or service _____

Record your activities and total number of hours worked for each week of the month.
Note if the week is less than 7 days.

Week	# Days	# Hours worked	Tasks accomplished (networking, workshops attended, meeting(s) with business counsellor, etc.)
1			
2			
3			
4			
5			

1. Were you satisfied with your business activity this month? Yes No

Why?

