

Sweat Equity Tracking Form

Partner Family
Name:______

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

921 Midway Rd. Menasha, WI 54952

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

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