TEXAS Health and Human Services

Worker Activity Log

Form H1041
July 1985

Worker Name	Unit	Period Covered From To

				TYPE OF ACTION												
DATE	**CASE NAME**	**CATEGORY**	**CASE NO.**	**Application**	**Complete Review**	**Incomp. Review**	**Admin. Review**	**Decision**								
								R	**L**	**S**	**G**	**D**				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
								☐	☐	☐	☐	☐				
			TOTALS													