**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Please print legibly) \*Last Four Digits of SSN OSST ID

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Program/Course School Name & Location

***\*\*\*This attendance sheet must be submitted every Monday by 5:00pm for the previous weeks hours.\*\*\****

From: Monday\_**\_\_\_\_\_**\_To: Sunday: **\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervised Class Time** | | | | | | | | | |
| Instructor’s signature confirms hours attending class as well as this student’s need of 1 additional study hour for each hour of class time for successful completion of training. | | | | | | | | | |
| **Class Title:** | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Total Weekly Hours | Instructor’s Signature/Date |
|  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Homework/Supervised Study Time** | | | | | | | | | |
| This customer will need over 1 hour of study time per class hour for successful completion of training. Customer needs additional number of hours as identified. Instructor’s signature confirms the number of hours of supervised study time by class. | | | | | | | | | |
| **Class Title (for which supervised study time is being completed):** | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Total Weekly Hours | Instructor’s Signature/Date |
|  |  |  |  |  |  |  |  |  |  |
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***\*Must have supervised class time for supervised study time to count.\****

Total Hours: \_\_\_\_\_\_Student Signature (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_