



Education/School Verification Time Sheet

(Vocational Training, GED/HS, ESOL)

Student Name (Please print legibly)

* _____
*Last Four Digits of SSN

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:	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours	Instructor's Signature/Date Phone-Optional

****Must have supervised class time for supervised study time to count.****

Total Hours: _____ Student Signature (Optional): _____ Date: _____