



# 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 \_\_\_\_\_

***Return Form by 5:00 pm every Wednesday (for previous week's 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

## 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):	Please select the number of additional study hours needed	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours	Instructor's Signature/Date Phone-Optional
	<input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> More hours needed (specify) _____							
	<input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> More hours needed (specify) _____							
	<input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> More hours needed (specify) _____							
	<input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> More hours needed (specify) _____							

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

Total Hours: \_\_\_\_\_

Student Signature (Optional): \_\_\_\_\_

Date: \_\_\_\_\_