

WT/SNAP Program Training Time Sheet

This document is for the customer to record his or her attendance in class, as well as his/her study time for the week of _____

Customer's name: _____

Identification number: _____

This program participant is going to school at your institution, _____

Name of school / Program

Just like other students who participate in a scholarship program, our customers must submit a timesheet so we can verify their hours. In the table below, the customer has entered the name of the class in the "Subject" column. Please enter the exact number of hours the customer attended each day. Please total the hours and enter the total in the column titled "Total Hrs" for the related week.

If the customer missed classes and was excused, please enter an "E" for the date of the excused absence. If the customer missed class and was not excused for his/her absence, enter a "U" for the date of the unexcused absence. If the school was closed due to a holiday and the customer normally would have attended class, enter an "H" for the date of the holiday.

Subject	Mon Hrs	Tue Hrs	Wed Hrs	Thur Hrs	Fri Hrs	Sat Hrs	Total Hrs	Recommended Study Hrs for the week	Instructor's signature

The student must record how many hours they studied during the week below.

Subject	Mon Hrs	Tue Hrs	Wed Hrs	Thur Hrs	Fri Hrs	Sat Hrs	Total Study Hrs	Customer's signature verifying study hours

Please give the program participant the original to turn in. It is ultimately the responsibility of the program participant to keep up with his/her time sheet and turn the form in to his/her Career Specialist by the deadline. **I certify that I completed my hours, which are documented above. I understand that my hours will be verified. If I change or falsify any information on this form, I may lose my benefits, including childcare and other services.**

Program participant's signature	Date
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Timesheet is due on, _____. Fax the completed form to _____

Career Specialist's name: _____

Email: _____

Phone number: _____ Ext. _____

Next appointment on _____.