



Education/School Verification Time Sheet

(Vocational Training, GED/HS, ABE, ESOL)

Student Name (Please print legibly)

*Last Four Digits of SSN

Training Program/Course

School Name & Location

From: Monday ___/___/____ through Sunday ___/___/____ *Due every Monday by 4pm*

Supervised Class Time

Class Title:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	Instructor's Signature & Date

Supervised Study Time

Class Title (for which study time is being completed):	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	Instructor's Signature & Date

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

Career Source Pasco Hernando is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.