

EDUCATION & TRAINING TIME SHEET

Customer Name: _____ Case Number: _____

FEP: _____ FEP XMN: _____ FEP Telephone Number: _____

Education/Training Provider Information

Provider Name: _____ POC Name: _____

Program Enrolled In: _____

Location: _____ Telephone Number: _____

Week Begin Date: _____

Week End Date: _____

Use and Instructions: W-2 Customers who are assigned to Education or Training use this form to document 1) attendance hours for classroom and/or other instruction hours, 2) holiday hours that may justify granting Good Cause, and 3) time spent in non-classroom time study required by the Education/Training Provider. This form must be completed and signed by the Education/Training Provider for each week of the training program, then submitted to the assigned FEP not later than Tuesday of the following week.

Classroom/Instructional Hours Attendance

Education/ Training Assigned per Week: _____

Study Time Assigned per Week: _____

| Activity Type | _____ | | Daily Actual Hours Completed | Study Time | | Daily Actual Hours Completed |
|---------------|--------------------------|------------|------------------------------|--------------------------|------------|------------------------------|
| | Date | Start Time | | End Time | Start Time | |
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| Total | Total hours for the week | | | Total hours for the week | | |

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

(Electronic signature is allowed)