

**VOCATIONAL TRAINING INSTRUCTION AND STUDY TIME LOG
(ACTIVITY CODE JS)**

Participant Name: _____ Case Number: _____
 FEP: _____ FEP XMN: _____ FEP Telephone Number: _____

Training Provider Information

Training Provider Name: _____ POC Name: _____
 Training Program Enrolled In: _____
 Location: _____ Telephone Number: _____
 Week Begin Date: _____ Week End Date: _____

Use and Instructions: W-2 Participants who are assigned to Vocational Training (Activity Code JS) 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 Training Provider. This form must be completed and signed by the 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

Job Skills Training Hours Assigned per Week (from CARES WPAS/WPCH): _____

Jobs Skills Study Time Hours Assigned per Week (from CARES WPAS/WPCH): _____

Activity Type	Job Skills Training		Daily Actual Hours Completed	Job Skills Study Time		Daily Actual Hours Completed
	Date	Start Time		End Time	Start Time	
Totals	Total hours for the week			Total hours for the week		

Training Provider/Supervisor Name: _____

Training Provider/Supervisor Signature: _____ **Date:** _____
 (Electronic signature is allowed)