



Welfare Transition Education/School Time Sheet

(Vocational Training, GED/HS, ESOL)

Student Name: _____ Last 4 SS#: XXX-XX-_____

School: _____ Location _____ Training Program/Course: _____

Week of Monday _____ Though Sunday _____

This form must be submitted to CareerSource Suncoast by Monday 5 pm.

Supervised Class/Lab Time

Completed by Instructor - Signature confirms hours attending class/lab each day.

Class Name:	M	T	W	Th	F	S	S	Total Hours	Instructors Printed Name and Signature
									Print Name _____ Signature _____
									Print Name _____ Signature _____
									Print Name _____ Signature _____
									Print Name _____ Signature _____

Un-Supervised Homework/Study Time

Completed by Student - Signature confirms the number of hours of un-supervised study time by class each day.

Student can receive a maximum of one hour of study time for every hour of class/lab time.

Class Name:	M	T	W	Th	F	S	S	Total Hours	Instructors Printed Name and Signature
									Signature _____
									Signature _____
									Signature _____
									Signature _____

Student must have supervised class time for un-supervised study time to count.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.