

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	
Total	Total hours for the week			Total hours for the week		

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

(Electronic signature is allowed)