W-2 WEST CENTRAL





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

Participant Name:		Case Number:					
FEP:		FEP XMX:	FI	EP Telephone Number:			
Training Provide	er Information	1					
Training Provider Name:		POC Name:					
Training Prograr	n Enrolled In:						
Location:			Telephone Number:				
Week Begin Date:			Week End Date:				
Use and Instruction to document 1) and granting Good Cat form must be consubmitted to the	ttendance hou use, and 3) tim npleted and <u>si</u> g	rs for classroom e spent in non-c ned by the Train ot later than Tue	and/or other instance of the second contract	struction hours, 2 tudy required by each week of the owing week.	l) holiday hours the Training Pro	that may justif ovider. This	
			I. /fue no CADECI	S WPAS/WPCH): ARES WPAS/WPCH): Job Skills Study Time			
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# Jobs Skills Stud	dy Time Hours	Assigned per V	Week (from CAF	RES WPAS/WPCI		Daily	
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