First-To-Work Program

EDUCATIONAL ACTIVITY ATTENDANCE FORM

Student Name: _____ HANA ID#: _____

Educational Institution: _____ Month/Year: _____

1. Certification: By signing below I certify that, to the best of my knowledge, all information below is accurate and true.

Print Name of Course Instructor	Course Instructor Signature	Date of Signature
Phone Number	Instructor Email Address	Other Contact Information

2. Educational Activity Attendance Log

Date of Attendance	Class Title / Subject	Attendance Start Time	Attendance End Time	Total Attendance Time

Date of Attendance	Class Title / Subject	Attendance Start Time	Attendance End Time	Total Attendance Time

3. Department Use:

☐ Vocational Educational Training ☐ Job Skills Training ☐ Education Directly Related to Employment ☐ Secondary School Education

Total Core Hours _____ Total Non-Core Hours _____ Date Entered into HANA _____ CM's Initials _____