First-To-Work Program

EDUCATIONAL ACTIVITY ATTENDANCE FORM

Student Name: HANAID#:

Educational Institution: Month/Year:

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

Print Name of Educational Monitor Position/Title

Contact Number Date

**I 2. Educational Activity Attendance Log**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of  Attendance | Class Title *I* Subject | | Attendance  Start Time | Attendance  End Time | Total Attendance  Time | |
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**I 3. Department Use:**

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

Total Core Hours

Total Non­

Core Hours

Date Entered

into HANA

CM's

Initials

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