

First-To-Work Program UNSUPERVISED STUDY TIMESHEET

Student Name: _____ HANA ID#: _____

Educational Institution: _____ Month / Year: _____

1. Authorization: By signing below I certify that the information provided is true and correct. I understand that penalties may be imposed if I knowingly provide false and/or incorrect information.

Student Signature _____ Date: _____

Note: One hour of unsupervised study time may be claimed for each hour of class time attended.

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

2.. Department Use

Vocational & Educational
 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 _____

