First-To-Work Program EDUCATIONAL ACTIVITY ATTENDANCE FORM

Student Name: Educational Institution:					HANA ID#: Month/Year:			
								1. Authorization:
Print Name of Educational Monitor				Position/Title				
17 - 1 1.	Signature	Contact Number		Date				
2. Educational Act	ivity Attendance L	og						
Date of Attendance	Class Titl	e / Subject		Attendance Start Time	Attendance End Time	Total Attendance Time		
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3. Department Use:						1		
☐ Vocational Educational Training		Job Skills Training		Education Direct Employi		Secondary School Education		
Total Core Hours		otal Non- ore Hours		Date Entered into HANA		CM's Initials		

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