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 _____

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