



Vocational Activities and Training Time Sheet

Participant Name _____ SSN (last 4 digits only) _____

OSST User Id _____ Florida Case Number _____

Education/Training Provider _____ Type Training _____

Classroom Hours: _____ Month: _____ Year: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Staff Initials _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Staff Initials _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Staff Initials _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Staff Initials _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Staff Initials _____

Class/Training Verification of Hours

The above named individual completed a total of _____ hours in class/training time for the week(s) documented on the calendar above. You are also confirming that the student is required to study for at least one hour for each hour of class time.

Instructor's Signature: _____ Date: _____

Classroom Hours: _____ Month: _____ Year: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____
Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____	Date _____ Hours _____

Customer's Verification of Study Time Hours

I completed a total of _____ study hours for the week(s) documented on the above calendar.

Customer's Signature: _____ Date: _____



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