|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Course Name** | **Course Dates** | **Time** | Use 00:00 format (Ex: 2 hours and 30 min= 2:30)  S M T W R F | | | | | | **Total Hours**  Use 00:00 format |
| **Classes** | CD 102 | 08/19-  12/09 | 11:00am-  12:25pm |  | 1:25 |  | 1:25 |  |  | 2:50 |
| CD 114 | 08/19-  12/09 | 1:00pm-  4:10pm |  |  | 3:10 |  |  |  | 3:10 |
| PSY 101 | 08/19-  12/09 | 1:00pm-  2:25pm |  | 1:25 |  | 1:25 |  |  | 2:50 |
| BIO 101 | 08/19-  12/09 | 8:00am-  8:55am |  |  | 0:55 |  | 0:55 |  | 1:50 |
| BIO 101 LAB | 08/19-  12/09 | 9:05am-  12:15pm |  |  | 3:10 |  |  |  | 3:10 |
|  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  | **2:50** | **7:15** | **2:50** | **0:55** |  | **13:50** |
| **Study Time**  1 hour of unsupervised study time for every 1 hour of class time  \*may be adjusted with Counselor approval | CD 102 | 08/19-  12/09 | 2:30pm  3:55pm |  | 1:25 |  | 1:25 |  |  | 2:50 |
| CD 114 | 08/19-  12/09 | 9:00am-  12:10pm |  |  |  |  | 3:10 |  | 3:10 |
| PSY 101 | 08/19-  12/09 | 9:00am-  10:25pm |  | 1:25 |  | 1:25 |  |  | 2:50 |
| BIO 101 | 08/19-  12/09 | 10:00am-  11:50am |  |  |  |  |  | 1:50 | 1:50 |
|  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  | **2:50** |  | **2:50** | **3:10** | **1:50** | **10:40** |
| **Work Study**  Federal  CalWORKs |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Grand Total:**  **24:30** |

Official CalWORKs

Stamp:

**OFFICE USE ONLY**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ THIS STATEMENT AND SIGN**

I hereby certify that the information on this form is true and complete to the best of my knowledge. I further authorize the release of this information to verify my 20/30/35 Welfare-to-Work hours to the Department of Public Social Services (DPSS) and other related agencies as related to my CalWORKs case.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**