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| **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** |  |  |  |  |  |  |  |  |  |  |
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| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Study Time**  1 hour of unsupervised study time for every 1 hour of class time  \*may be adjusted with Counselor approval |  |  |  |  |  |  |  |  |  |  |
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| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Work Study**  Federal  CalWORKs |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| Grand Total: |

**ku**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**