



# Sample

## Rio Hondo College CalWORKs

### Daily Schedule


 20 Hour Plan

 30 Hour Plan

 35 Hour Plan

Student Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Term & Year: \_\_\_\_\_ Major: \_\_\_\_\_ SIP  VOC  PTL  EXEMPT

**\*To calculate your time, please visit [www.miraclesalad.com](http://www.miraclesalad.com)\***

Activity	Course Name	Course Dates	Time	Use 00:00 format (Ex: 2 hours and 30 min= 2:30)						Total Hours Use 00:00 format
				S	M	T	W	R	F	
<b>Classes</b>	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
<b>Total</b>					<b>2:50</b>	<b>7:15</b>	<b>2:50</b>	<b>0:55</b>		<b>13:50</b>
<b>Study Time</b> <small>1 hour of unsupervised study time for every 1 hour of class time *may be adjusted with Counselor approval</small>	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
<b>Total</b>					<b>2:50</b>		<b>2:50</b>	<b>3:10</b>	<b>1:50</b>	<b>10:40</b>
<b>Work Study</b> Federal <input type="checkbox"/> CalWORKs <input type="checkbox"/>										
<b>Total</b>										

**Grand Total:**  
**24:30**

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

<p><b>OFFICE USE ONLY</b></p> <p>Completed by: _____ Date: _____</p> <p>Reviewed by Counselor: _____ Date: _____</p>	<p>Official CalWORKs Stamp:</p>
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