



CUSTOMER TRAINING TIME SHEET



Name: _____ OSL ID: _____

Address: _____ Date: _____

Name of Training Institution: _____

Location of Training Institution: _____

Program (s) of Enrollment: Adult _____ DLW _____ OY/ OS _____ OY / IS _____ YY/ OS _____ YY/ IS _____ Other (list): _____

INSTRUCTIONS: Below record in blue ink the actual hours daily in training and place a zero (0) in the column for non-training days. The time sheet must be completed and returned to the Case Manager by the **tenth day of each month**. The number of hours must be recorded daily while attending classes or training. At the end of each month, the customer and an instructor or supervisor will sign this time sheet verifying the hours attended during the month. Failure to complete this time sheet and return it to the Case Manager will result in loss of funding for training.

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS															

DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS																

I certify that the hours and days shown are true and correct.

Customer Signature

Date

Instructor or Supervisor Signature

Date

Case Manager Signature

Date