



SNAP Education/E-Learning & Training

Off-site Weekly Attendance Tracking Form

(Vocational Training, GED/HS, ESOL)

Student/Customer Name (Printed)	OSST #
Training Program/Course	School Name & Location
CareerSource Career Counselor	CSB Career Counselor Phone Number

From: Monday ___/___/___ To: Sunday ___/___/___

Supervised Class Time
Instructor's signature confirms class time hours attended. Student will be awarded 1 study for each hour of class time.
Absent = A, School Holiday = H, Class Cancelled = C

	Class Title (Print course name legibly)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours	Instructor's Signature/Date (Phone # - Optional)
Ex	Phlebotomy	3		3				6	<i>David Johnson</i>
Ex	Anatomy on-line	3	3	3	3			12	<i>JJ Nelson</i>
1									
2									
3									
4									
5									
6									
	Total Weekly Hours								
	Add Applicable Study Hours 1:1 Ratio (1 hour study time for each 1 hour of classroom time)								
	Total Participation Hours								

Customer Signature: _____ Date: _____

Submit signed and dated form to ICSdocumentation@careersourcebrevard.com or fax to 321-504-2059 every Tuesday by 5:00PM (for previous week's hours)