



De Anza College/CalWORKs Weekly Schedule

Fall ____ Winter ____ Spring ____ Summer1 ____ Summer2 ____

Name: _____ SSN: _____ Revised: _____

ET Worker # _____ ET Name: _____ Faxed/Hand Carry: _____ by _____

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
7:00								
7:30								
8:00								
8:30								
9:00								
9:30								
10:00								
10:30								
11:00								
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8:00								
8:30								
9:00								
9:30								
10:00								
Weekly Total:								

____ hrs.-Class
 ____ hrs.-Lab
 ____ hrs.-CAOS
 ____ hrs.-Structured Study

____ hrs.-OTI Work Study
 ____ hrs.-Federal Work Study
 ____ hrs.-Internship (unpaid)
 ____ hrs.-Paid Employment

By signing this form, the participant is acknowledging that the above information is accurate to the best of his/her knowledge.

Participant: _____

Date: _____

OTI Advisor: _____

Date: _____