



...it works.

De Anza College/CalWORKs Weekly Schedule - TBA

Please attach class schedule printout

Fall ___ Winter ___ Spring ___ Summer1 ___ Summer2 ___ Start Date: ___ End Date: ___

Name: ___ Case#: ___ Student ID: ___ Revised: ___

ET Worker # ___ ET Name: ___ Emailed: ___ by ___

Date

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								
11:30								
12:00								
12:30								
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5:30								
6:00								
6:30								
7:00								
7:30								
8:00								
8:30								
9:00								
9:30								
10:00								
Weekly Total:								

___ hrs-Class
 ___ hrs-Lab
 ___ hrs-Un/Structured Study
 ___ hrs-Distance Learning

___ 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: _____