



...it works.

# Foothill 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							
1:00							
1:30							
2:00							
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3:00							
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5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
<b>Weekly Total:</b>							

\_\_\_\_\_ 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: \_\_\_\_\_