



**WELFARE TRANSITION PROGRAM  
Job Skills Training Timesheet**

Customer/Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

School: \_\_\_\_\_ Course of Study: \_\_\_\_\_

As a participant in a Job Skills Training, you are required to attend classes for the hours assigned and submit documentation of attendance and time completed to your Career Specialist. Please have the Job Skills instructor(s) record your hours of attendance below. This timesheet must be returned to your Career Specialist no later than Monday, \_\_\_\_\_, at 4:00 p.m. If you have any questions or concerns, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

This timesheet is being completed for the week of:

\_\_\_\_\_ (Monday) through \_\_\_\_\_ (Sunday) 20\_\_\_\_.

**TO BE COMPLETED BY THE INSTRUCTOR** (record comments on reverse)

Day	Date	Start Time	End Time	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Please rate the student's progress in the course of study**

Outstanding     
  Excellent     
  Average     
  Poor

I certify the customer/student listed above has attended the classes as indicated.

\_\_\_\_\_  
Instructor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify I have attended the classes as indicated.

\_\_\_\_\_  
Customer's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 1 800 434-5627, ext. 7878 or e-mail accommodations@careersourceclm.com at least three business days in advance. CareerSource Florida Member.

**Instructor's Comments:** CareerSource Citrus Levy Marion is interested in the progress of this student. Please feel free to record your observations and comments below:

Class 1: Course Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Name                      Instructor's Signature                      Date

Class 2: Course Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Name                      Instructor's Signature                      Date

Class 3: Course Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Name                      Instructor's Signature                      Date

Class 4: Course Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Name                      Instructor's Signature                      Date

Class 5: Course Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Name                      Instructor's Signature                      Date