

PARTICIPANT VERIFICATION OF REQUIRED HOURS

Name: _____

Week of: _____

Total Weekly Hours Required: **20**

Case Manager: Pat

# of Hours	Qualifying Component	Activities:	# of Hours	Non-Qualifying Components	Activities:
	VE	Vocational Education		JS	Job Search
	WX	Work Experience/On-the-Job-Training		JT	Job Search Training
	BE	Basic Education		JR	Job Retention
	SE	Self-Employment)			
Date	Activity				# of Hrs.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Hours for the Week: _____

Participant Signature: _____

Date: _____