



# Vocational Training Study Log Calendar

Participant Name \_\_\_\_\_ SSN (last 4 digits only) \_\_\_\_\_

OSST User Id \_\_\_\_\_ Florida Case Number \_\_\_\_\_

Education/Training Provider \_\_\_\_\_ Type Training \_\_\_\_\_

Recommended Weekly Study Hours \_\_\_\_\_ Source for Study Hours Recommendation \_\_\_\_\_

Training Site: \_\_\_\_\_

WTP CSNEFL CSCM: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Reporting Month: \_\_\_\_\_ Year: \_\_\_\_\_

Allowed Hours: \_\_\_\_\_

WEEK OF	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL WEEKLY HOURS
	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	
	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	Date ----- Hours	
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Note: Please record study hours on the actual day and date in the blocks above.

### Customer's Certification

I completed a total of \_\_\_\_\_ study hours for the week(s) documented on the above calendar.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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