

Date:	Participant's Name:	CIN Number:	OBWP:
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Study Time Verification

Instructions: Refer to your Case Plan/Individual Opportunity Plan for the required hours you are to spend in supervised study. Have this form completed by the study table monitor at your school. Bring this form and verification of class attendance to your Case Worker.

Date _____ Time In _____ Time Out _____ Total Hours/Minutes _____ Monitor's Signature _____	Date _____ Time In _____ Time Out _____ Total Hours/Minutes _____ Monitor's Signature _____
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Date _____ Time In _____ Time Out _____ Total Hours/Minutes _____ Monitor's Signature _____	Date _____ Time In _____ Time Out _____ Total Hours/Minutes _____ Monitor's Signature _____

Office Use Only: Total Study Hours Required _____ Total Study Hours Completed: _____
