

## Required Homework/Study Time Statement

Participant's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Program of Study: \_\_\_\_\_  
School Term: \_\_\_\_\_  
Date: \_\_\_\_\_

**Important Please Read:** In order for the participant to be allowed homework/study hours towards their work participation, the following statement and all required documentation must be received by Social Services before, or at the beginning of each new school term. **The educational provider must complete this statement.**

The above-mentioned participant is enrolled in classes for a total of \_\_\_\_\_ hour(s) per week for this school term. For each hour of lecture/lab, it is assumed that she/he will be required to spend an additional \_\_\_\_\_ hour(s) per week completing homework or studying. This is the maximum amount of homework/study time that is allowed by the educational provider.

\*\*\*\*Complete this section only if the participant is scheduled for any supervised homework/study time. The contract or documentation must be provided. \*\*\*\*

Supervised homework/study time can include, but is not limited to, the following:

- Supervised homework/study labs
- Supervised tutorials
- Math labs; and/or
- Reading labs

Total Supervised Homework/Study Time: \_\_\_\_\_ hour(s) per week

\_\_\_\_\_  
Signature of Educational Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Educational Provider's Seal or Stamp

# Las Positas College CalWORKS Class Hours

Term \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

8am						
10am						
12pm						
2pm						
4pm						
6pm						
8pm						
10pm						

**Student Name:** \_\_\_\_\_  
 Total Class Time Hours \_\_\_\_\_  
 Unsupervised Study Hours \_\_\_\_\_  
 Supervised Study Hours \_\_\_\_\_  
 Unsubsidized Employment Hours \_\_\_\_\_  
 Subsidized Employment Hours \_\_\_\_\_  
**Total Activity Hours** \_\_\_\_\_

Day	Class Hours	Supervised Hours	Unsupervised Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I certify under the penalty of perjury that I will only copy the above hours onto my attendance sheet for days those hours were completed. I understand that incorrect information may result in an overpayment and I am responsible for repayment.

**Signature** \_\_\_\_\_

