



SNAP Education/School Verification Time Sheet

(Vocational Training, GED/HS, ESOL)

Student Name (Please print legibly)

Case #

Training Program/Course

Education/School name, location of site

Hours worked 1st half of the month:

Month: _____	4 th : _____	8 th : _____	12 th : _____
1 st : _____	5 th : _____	9 th : _____	13 th : _____
2 nd : _____	6 th : _____	10 th : _____	14 th : _____
3 rd : _____	7 th : _____	11 th : _____	15 th : _____
Total hours worked 1 st through the 15 th of the month: _____			

Hours worked 2nd half of the month:

Month: _____	19 th : _____	23 rd : _____	27 th : _____
16 th : _____	20 th : _____	24 th : _____	28 th : _____
17 th : _____	21 st : _____	25 th : _____	29 th : _____
18 th : _____	22 nd : _____	26 th : _____	30 th : _____
			31 st : _____
Total hours worked 16 th through the 30 th /31 st of the month: April 29th at 10 am is next appointment.			

*****Hours are due by the 15th and the 30th of each month. Time sheets can be submitted via fax, mail, email attachment or bringing them to the office and scanning them to the SNAP folder*****

To be completed by a School Official:

I certify that the above information is correct.

School Official Signature: _____ Date: ___/___/___

School Officials Name (Print): _____

School Officials Title: _____ Telephone Number: (____)____-_____

Comments: _____

***PRIVACY ACT STATEMENT:** Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is **mandatory**. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.