Form A (front) – Use this form for classes with specific start and end times and online/hybrid. **Use Form B (back)** for self paced lab courses, clinical, internships, practicum, tutoring, and supervised study sessions. ***Absence call in number is 509-533-3306.***

SPOKANE FALLS COMMUNITY COLLEGE WorkFirst Attendance and Study Documentation

Student Name _____ **Student SID** _____ **JAS ID** _____

Program _____ **Phone No.** _____ **Ed Component** _____

***Class Hours*: Class** _____ **+ Unsupervised Study** _____ **+ Self-paced Lab** _____ **+ Supervised Study** _____ **+**

Angel _____ **+Practicum/Internship** _____ **+ Field Study** _____ **+**

***Work Hours*: CJ/WEX** _____ **+ Work Study** _____ **+ Employment** _____ **+ Job Search** _____ **+ Other/Vol.** _____ **=** **TOTAL** _____

Quarter: ☐ **Fall 10** ☐ **Winter 11** ☐ **A904/Spring 10** ☐ **A905/Summer 10**

Faculty* – Please **sign at the end of each week** and indicate if the student is **achieving academic progress** (2.0 or better) by checking **Yes** or **No**. If the student is doing an Online/Hybrid class please write in which it is: Online for Online classes or Hybrid for Hybrid classes

List Dept and Course # Example: Art 105			Class Meeting Times		Date _____ to _____ Sunday Saturday								Academic Progress (please check)		*Faculty Signature (Faculty or Staff Only)
Class	**Days**	**CR**	**Start Time**	**End Time**	**S**	**M**	**T**	**W**	**R**	**F**	**S**	**Online/ Hybrid**	**Y**	**N**	

Work Study ☐ **Yes** ☐ **No** **Work Study Hours Scheduled** _____

Students – Please complete shaded areas prior to submitting to instructor for signature. AND - Please **mark each day you attended class. Submit this completed form to the WorkFirst Coordinator in the SFCC WorkSource Affiliate Office, Bldg. 17, Rm. 105 at the end of each week (Friday) or the first day of the following week (Monday) if you have Angel hours to report.**

If you have questions please call Linda Kraus-Perez at 533-3042.

I acknowledge the information reported above is correct.

Student Signature _____ **Date** _____

Form B – Use this form for self-paced lab courses, clinical, internships, practicum, tutoring, and study sessions. Each session requires a signature.

SPOKANE FALLS COMMUNITY COLLEGE WorkFirst Attendance Report

Student Name _____ **Student SID** _____

Program _____ **Phone Number** _____

Quarter _____ **Year** _____ **Week of** _____

Date	Time In	Time Out	Class/Activity	Faculty/Supervisor/Tutor Signature

Students – Please complete shaded areas prior to submitting for signature.

Submit this completed form to the WorkFirst Coordinator in the SFCC WorkSource Office, Bldg 17, Room 105 at the end of each week (Friday) and pick up a new sheet for the following week. If you have questions please call Linda-Kraus-Perez at 533-3042

I acknowledge the information reported above is correct.

Student Signature _____ **Date** _____

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