

Request for Study Time

Parent Name: _____

Case Number: _____

Semester/Quarter Start Date: _____

Semester/Quarter End Date: _____

Total # of units enrolled: _____

Parents in an approved training activity are eligible to receive child care services for study time. If you choose to request study time hours please indicate below the day/s and time that you are requesting.

According to program regulations, Title 5 18087(k)(2), study time, including study time for on-line and televised instructional classes, may be requested for up to two hours per week per academic unit in which the parent is enrolled.

Study time must be approved in writing by a Program Specialist. Hours will be approved based on reasonability of schedule requested, up to the maximum allowed.

I, _____ am requesting study time during the following periods:

	DAY	START TIME	END TIME
1.			
2.			
3.			
4.			
5.			
6.			

Please check this box if your study time hours will be on a variable schedule.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature

Date