MICHIGAN WORKS!

# 18 & 19-YEAR-OLDS
# HIGH SCHOOL/GED LOG

Sunday_____ to Saturday _____

Due Date _____ Time _____

Participant's Name: _____ /ťlŜyűĸRecipient ID:_____

(Print First & Last Name)

Signature of Participant: _____

*By signing above, I agree that the information I am providing is true and accurate.*

_____

**CHECK ONE:** □ GED □ High School Completion

**NAME OF EDUCATIONAL INSTITUTION:**_____

| DATE | ACTUAL HOURS OF PARTICIPATION | MILEAGE (See Case Manager) |
|---|---|---|
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**Total Actual Hours:**_____

## INDIVIDUAL VERIFYING HOURS OF PARTICIPATION:

According to the educational institution's policy, I attest that the participant above has had satisfactory attendance in the high school completion or GED program.

Name: _____ Date: _____

Signature: _____ Phone Number: _____



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