Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify this report is an accurate representation of the total activity expended during the period indicated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name** | **Date of Activity** | **Description of Activity** | **Hours Worked** | **Total Compensation** | **Distribution of Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Signature of Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor Date