

Federal Programs Documentation of Hours Worked

School Name: _____

Date: _____

Employee Name: _____

Employee ID: _____

Position: _____

Funding

Supervisor: _____

TITLE I SIG OTHER: _____

Date <small><i>dd/mm/yy</i></small>	Description of Activity <small>(Include teacher's name if substituting)</small>	Start Time <small><i>hh:mm</i></small>	End Time <small><i>hh:mm</i></small>	Hours Worked <small><i>xx.xx</i></small>
Total Hours:				

**SUBS-Please submit a class roster with this form.*