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| **Phase II**  **School Site (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Contact Log**  **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Regular Work Hours: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_ Weekly Total Hours: \_\_\_\_\_** | | |
| **Date/Time** | **Activity** | **Hours Worked** |
| **Example: 8:00 AM-10:00 A.M** | **Conducted Staff Meeting with Teachers, Students, Parents, etc.** | **2 hours** |
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| **Total Hours Worked       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| Signature:  I verify that the hours reported are accurate and 100% of my job duties were related to activities in compliance with my duties and responsibilities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Employee Name Employee Signature | | |