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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 |