

Pacifica School District

MULTIFUNDED PERSONNEL TIME LOG

Name:

Position:

Time Log for Month of:

PROGRAM	TOTAL HOURS*
ECIA – Title I	
ECIA – Title II	
SIP	
EIA – LEP	
EIA – SCE	
Special Education	
DATE / TUPE	
GATE	
Drug Free	
Education Technology	
Mentor	

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.

Employee's Signature

Date

Supervisor's Signature

Date

To be submitted with Payroll sheet.

* Full time employees may report total hours as a percentage of time worked; i.e., .5 FTE.