

Name _____ Administrator _____

Building _____ Grade level _____

Project description:

Project approval

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

Date/Time Log

| Date | Description of work | Hours |
|------------------------------------|---------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| *Attach additional sheet if needed | | Total Hours: |

****Must have 70 hours of documented hours for special project.****

Verification of project completion

Employee Signature _____ Date _____

Administrator Signature _____ Date _____