NORTH TONAWANDA CITY SCHOOL DISTRICT

176 WALCK ROAD NORTH TONAWANDA, NY 14120 (716) 807-3508 FAX (716) 807-3522

CURRICULUM RATE TIME LOG

PLEASE PRINT CLEARLY

______________________________ Teacher Name

______________________________ Project Title

EMPLOYEE ID NUMBER: ______________________________

DATE	ACTIVITY	RECORD ALL TIME TO THE NEAREST 1/4 HOUR		
		START	STOP	TOTAL HOURS

GRAND TOTAL HOURS: ________

SUBMITTED BY: ______________________________
TEACHER SIGNATURE

APPROVED BY: ______________________________
PROJECT LEADER

ADDITIONAL APPROVALS: ______________________________
IF REQUIRED

____

BUDGET CODE: ______________________________ PP#: ________