

INSERVICE TIME LOG

1. IDENTIFICATION					
NAME: Click here to enter text.			EMPLOYEE ID#: Click here to enter text.		
SCHOOL: Click here to enter text.					
ACTIVITY DESCRIPTION: Click here to enter text.					
2. TIME LOG					
DATE					ACTIVITY OR SESSION
	FROM TO		AMOUNT		(Omit Travel and Meal Time)
			HRS	MINS	
TOTAL HOURS					
3. Submitted for: □ Points □ Pay					
4. APPROVAL (office use only)					
Professional Development Director: Click here to enter text. Date: Click here to enter text.					

Submission: Submit all forms electronically to Professional Development and Community Services Department: obergs@citrusschools.org