



Title I FACE Certified Non-Contract Extra Duty Log Individual

Print or Type Teacher Name:	Employee ID: E000
	Primary Work Location:

Complete all columns for each date of service

Date	Description of Services	Start Time	End Time	Work Completed Outside of Contract Y/N?	Total Hours
*NOTE: Submit hours in 1/2 hour or 1 hour increments only.					Total hours

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Processing Instructions: Attach completed and signed Extra Duty Log to corresponding Special Services Agreement (Pay-F009, a.k.a. Stipend Form) and submit to Title I.