



# Title I Certified Staff Non-Contract Log Group Professional Development

PD Activity: \_\_\_\_\_  
 Location/School: \_\_\_\_\_  
 Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Administrator's Signature: \_\_\_\_\_

First Name	Last Name	Start Time	Depart Time	Employee Signature	Total Hours

\*NOTE: Submit hours in 1/2 hour or 1 hour increments only.

Total hours due pay:	
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School Site - Reconciled by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title I - Reconciled by: \_\_\_\_\_ Date: \_\_\_\_\_

**Processing Instructions:** For Professional Development eligible for Extra Duty, attach completed log sheet to corresponding Special Services Agreements (PAY-F009, a.k.a. Stipend form), and submit to Title I.