Appendix D

Northshore School District No. 417
DISTRICT COACHES' TIME REPORT

Please complete the following information

Employee #: ___________________________ School: ___________________________ Assignment: ___________________________

Employee Name: ___________________________
(Please print): Last Name: ___________________________ First Name: ___________________________

**Note:** List Only ONE MONTH’S Activities Per Time Report

<table>
<thead>
<tr>
<th>Date of Activity</th>
<th>Description of Coaching Activity (list each separately)</th>
<th>Hours by Activity</th>
<th>Balance of Hours Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Total Hours</td>
<td>Unused Hours</td>
</tr>
</tbody>
</table>

Complete coaching activity descriptions (above), and forward original to the building Athletic Director on the last work day of each month.

__________________________  ___________________________
SIGNATURE, Submitting Coach and DATE  SIGNATURE, Immediate Supervisor and DATE