

TIME AND EFFORT LOG

Jane Smith
Name First/Last

Title Interventionist

Month August

Year 2011

Signature _____

Supervisor's Initial _____

DIRECT TIME PROGRAM NAME	Account for all time worked per day. (Minimum of 1/4 hour increments)																															TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Title I Funded	5.0	5.0	5.0	5.0	5.0			5.0	5.0	5.0	5.0	5.0			5.0	5.0	5.0	5.0	5.0			5.0	5.0	5.0	5.0	5.0			5.0	0.0	0.0	105.0
Insert other funding source(s) below:																																
General Funds																																
Special Education	3.0	3.0	3.0	3.0	3.0			3.0	3.0	3.0	0.0	0.0			3.0	3.0	3.0	3.0	3.0			3.0	3.0	3.0	3.0	3.0			3.0	0.0	0.0	57.0
SUBTOTAL	8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	5.0	5.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	0.0	0.0	162.0
INDIRECT TIME																																
Sick Leave																														8.0	8.0	16.0
Holiday																																
Prof. Development											3.0	3.0																				6.0
Other (Describe)																																
SUBTOTAL	8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	184.0
GRAND TOTALS	8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	184.0

Time must be documented in hours, not percent. (OMB) Circular A-87 "Time distribution"

This form is to be completed only by staff that are "split-funded": partially funded through Title I and partially funded through another funding source (general funds, special education funds, Title III, etc.)