Great Falls Public Schools

TIME RECORD

Event Description: _____

Date(s) of Event: _____

Time: Start _____   End _____

CHECK (✔) BOXES THAT APPLY

Certified: ☐   Classified: ☐

Instructing: ☐   Not Instructing: ☐

Budget Code: _____

School Initials	PRINTED LEGAL NAME OF EMPLOYEE	HOURS	EMPLOYEE SIGNATURE

_____   _____
Instructor/Presenter Signature   Date

_____   _____
Administrator Signature   Date