Rev. 6/2014

GREAT NECK PUBLIC SCHOOLS RECORD OF MENTORING ACTIVITIES SCHOOL YEAR:_____

MENTOR: CERTIFICATION #:					
MENTEE: CERTIFICATION #:					
DATE TIME DESCRIPTI		ON OF ACTIVITY	HOURS		
			1.7042		
			20 AV 40		
			- J. W.		
3.					
		100 to 10			
		Constitution of the second second			
			TOTAL TIME	hrsmin.	
The following signatures certify this record of mentoring activities is complete and accurate.					
Mentor: Date: Attn: Mentor and Mentee					
				DO NOT forward hard copies of this Log or the Request for Brd Approval of Personnel Action. Instead,	
Mentee:		Date:_			
Rida Adminis	trator	Date			
				E3 E9	
MLP. Then complete the applicable Mentor or Mentee Log Submission form, attach the uploaded document(s) and submit. Office of Instruction will process payment for mentoring upon completion of this					
process in MI P.					