

MOU Tracking Form

Name: _____

Activity: _____

Date	Time (Circle one)	Description	Outcome
EXAMPLE 7/8/4	1 DAY <input checked="" type="radio"/> ½ DAY HOURS	Mathematics Vision Project PD	<ul style="list-style-type: none"> Gained insight into MVP program to be used at high school Collaborated with HS math teachers on best way to prepare middle school students for high school algebra-geometry courses Learned strategies for math instruction based on MVP program
	1 DAY ½ DAY 1..... HOURS		
	1 DAY ½ DAY 1..... HOURS		
	1 DAY ½ DAY ...1... HOURS		
	1 DAY ½ DAY 1..... HOURS		
	1 DAY ½ DAY ...1... HOURS		
	1 DAY ½ DAY ...1... HOURS		
	1 DAY ½ DAY ...1... HOURS		
			Employee Signature _____
			Approved by: _____
	Total 6 DAYS or HOURS (circle one)		Date Approved: _____

			Acct#: _____
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***Upon completion of work specified in the MOU, please print completed form, collect all required signatures and submit to Kristen Laflam at ACSD Central Office for payment.**