

## Title I Certified Non-Contract Extra Duty Log Individual Professional Development

Print or Type Teacher Name:	Employee ID: E000		
	Primary Work Location:		

## Complete all columns for each date of service

Date	Description of Services	Start	End	Work Completed	Total
		Time	Time	Outside of Contract Y/N?	Hours
					-
*NOTF·	IOTE: Submit hours in 1/2 hour or 1 hour increments only.				
NOTE.				Total hours	

Teacher Signature:	Date:
Administrator Signature:	Date:

**Processing Instructions**: Attach completed and signed Extra Duty Log to corresponding Special Services Agreement (Pay-F009, a.k.a. Stipend Form) and submit to Title I.