



El Monte Union High School District
Curriculum & Instruction Department
Monthly Activity Log for Extra Hours

Employee Name:

Site:

Extra Hours Board Approved:

Pg: _____

Approved: NTE _____ **hours**

PSR Number:

J.C.: _____

Position Number:

Eff Start Date:

Eff End Date:

Assignment:

Date	Activity	Start Time	Lunch Time	End Time	Total Hours
Total Hours Worked:					

For period of:

To:

I certify that the foregoing is an accurate accounting of my hours worked. Compensation for this activity will be provided after Board approval.

Employee Signature:

Date:

**Please attach this completed form with the sign-in sheet(s) and all documentation for your collaboration hours at the end of the accrual period.*