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| Newton County Schools | | | | | | | | | | | | | | | | |
| **2023-2024 Time & Effort Log for L4GA Title I Part E Services** | | | | | | | | | | | | | | | | |
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| **Employee Name:** | | |  | | | | **P/R Employee # :** | | | |  | | | |  | |
|  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |
|  | **School Name:** | |  |  | |  | **Month & Year** |  | | | | |  |  | |

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| --- | --- | --- |
| **Month/ Day / Year** | **Description of Activity** | **Total Hours each day** |
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| **Monthly Total which matches the Timesheet Total:** | |  |

I certify that these times are a true and accurate record of all time worked during the specified dates.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date cannot be before last day worked)

School Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date cannot be before last day worked)