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