

Name: _____

Pay Period Ending: _____

Date	Start Time	End Time	School District	Direct Services (Actual)	Direct Services (IEP Service Time)	Testing/Evaluation	EDT/IEP Meeting	Paperwork (Report Writing/IEP Development)	Service Capture	SAT Meeting/SAT Consultation	SAT Services	SPED Consultation	Therapy Preparation	Supervision	Staff Meeting/ PLCs	Travel Between Schools	Other**	School Signature	Mileage

**Please List "Other" Task Activities (For example, L= Lunch. PD = Professional Development, PC = Parent Contact, etc.)

Office Use Only
Mileage: _____ x .44 = _____
Total: _____ Initial: _____

I verify that the information contained on this task and travel log accurately reflects actual hours worked and any leave taken during this time period. I also verify that any leave taken has been pre-approved by the district and HPREC #3. I understand any misrepresentation made on this task and travel log may result in disciplinary action.

_____ Date: _____
Employee Signature

_____ Date: _____
Executive Director Signature