

## EDUCATORS' ASSOCIATION EXTENDED HOURS RECORD

20\_\_\_\_ - \_\_\_ School Year

| NAME   |     |                          | SITE |                       |                                     |
|--|-----|--------------------------|------|-----------------------|-------------------------------------|
| 1  |     |                          |      |                       |                                     |
| Activity Title / Description                     |     |                          |      | Date                  | Completed /                         |
|  |     |                          |      | Time                  | Attended                            |
|  |     |                          |      | <b>Total Hours</b>    | [ ] Yes<br>[ ] No                   |
| Benefit to Professional / Program Development    |     |                          |      |                       | 1110                                |
| Consultation Date                                |     | Principal's              |      |                       |                                     |
| w/ Principal                                     |     | Signature                |      |                       |                                     |
|  |     |                          |      | Date                  | Completed /                         |
| Activity Title /<br>Description                  |     |                          |      | Time                  | Attended                            |
|  |     |                          |      | Total Hours           | [ ] Yes                             |
| TD 6°4.4   |     |                          |      | Total Hours           | [ ] No                              |
| Benefit to<br>Profession<br>Program<br>Developme | ent |                          |      |                       |                                     |
| Consultati                                       |     | Principal's              |      |                       |                                     |
| w/ Principa                                      | ai  | Signature                |      |                       |                                     |
| Activity Ti                                      |     |                          |      | Date Time Total Hours | Completed / Attended [ ] Yes [ ] No |
| Benefit to<br>Profession<br>Program<br>Developme |     |                          |      |                       | [ ]110                              |
| Consultation w/ Principal                        |     | Principal's<br>Signature |      |                       |                                     |
| Activity Ti                                      |     |                          |      | Date Time Total Hours | Completed / Attended [ ] Yes [ ] No |
| Benefit to<br>Profession<br>Program<br>Developme | ent |                          |      |                       |                                     |
| Consultation w/ Principal                        |     | Principal's<br>Signature |      |                       |                                     |

Submit to your principal at the end of October, the end of January and the end of May.

Adopted for Use: October 22 2014