



Pay Period Ending: _____

Updated 1.18.23

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

| | |
|------------------------|----------------|
| Office Use Only | |
| Mileage: _____ | x .47 = _____ |
| 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.

Employee Signature

Date: _____

Executive Director Signature

Date: _____