THE SCHOOL DISTRICT OF PHILADELPHIA
GRANT COMPLIANCE OFFICE (GCO)

TEACHER - STUDENT SUPPLEMENTAL PAY ATTENDANCE LOG
EXTRA-CURRICULAR ACTIVITY ONLY
ALL FUNDING SOURCES

This form is intended for single event teacher / student EC activity.

Sign in logs should be maintained for all events, regardless of fundind source

A.

YEAR	FUND	AGENCY	ORG	ACTIVITY	OBJECT	REPT. GRP

B. STAFF ATTENDEES

To be completed by the Principal/Administrator
EVENT DATE: _____
EVENT BEGINNING TIME: _____
EVENT ENDING TIME: _____

Employees signing the attendance log certify that they have participated in the event during the date indicated and the time verified by the employee sign-in and sign-out times.
Employees sign their names as they arrive and at the end of the event / session. No one shall sign in /out for any other employee

EMPLOYEE SIGN-IN		EMPLOYEE SIGN-OUT						
NAME	SIGN-IN TIME	NAME	SIGN-OUT TIME	EMPLOYEE EIN	POSITION	SUBJECT	ROOM	EMAIL

C. EVENT DESCRIPTION: Briefly describe the event. If this is not for an instructional event, but it is for another activity, please fully describe the activity.

D. CONTACT PERSON: _____ EMAIL: _____ EVENT LOCATION: _____

E. STUDENT ATTENDEES

Students signing the log certify that they have participated in the event during the data and the time indicated.

Students sign their names as they arrive for the event.

PRINT STUDENT LAST NAME	PRINT STUDENT FIRST NAME	STUDENT SIGNATURE	STUDENT ID	GRADE	TIME IN
1).					
2).					
3).					
4).					
5).					

This certifies that the teacher list above attended the EC event during the time indicated pursuant to the objective(s) of the funding source indicated and that the students listed above have attended the event during the time and date indicated. The activity is pursurant to the objective(s) of the federal grant program (if applicable).

F. TEACHER SIGNATURE: _____ PRINCIPAL SIGNATURE: _____ DATE: _____

E. STUDENT ATTENDEES

Students signing the log certify that they have participated in the event during the data and the time indicated.

Students sign their names as they arrive for the event.

To be completed by the Principal/Administer
EVENT DATE: _____
EVENT BEGINNING TIME: _____
EVENT ENDING TIME: _____

PRINT STUDENT LAST NAME	PRINT STUDENT FIRST NAME	STUDENT SIGNATURE	STUDENT ID	GRADE	TIME IN
6).					
7).					
8).					
9).					
10).					
11).					
12).					
13).					
14).					
15).					
16).					
17).					
18).					
19).					
20).					
21).					

This certifies that the teacher list above attended the EC event during the time indicated pursuant to the objective(s) of the funding source indicated and that the students listed above have attended the event during the time and date indicated. The activity is pursurant to the objective(s) of the federal grant prorgam (if applicable).

F. TEACHER SIGNATURE: _____ PRINCIPAL SIGNATURE: _____ DATE: _____

E. STUDENT ATTENDEES

Students signing the log certify that they have participated in the event during the data and the time indicated.

Students sign their names as they arrive for the event.

To be completed by the Principal/Administer
EVENT DATE: _____
EVENT BEGINNING TIME: _____
EVENT ENDING TIME: _____

PRINT STUDENT LAST NAME	PRINT STUDENT FIRST NAME	STUDENT SIGNATURE	STUDENT ID	GRADE	TIME IN
22).					
23).					
24).					
25).					
26).					
27).					
28).					
29).					
30).					
31).					
32).					
33).					
34).					
35).					
36).					
37).					

This certifies that the teacher list above attended the EC event during the time indicated pursuant to the objective(s) of the funding source indicated and that the students listed above have attended the event during the time and date indicated. The activity is pursurant to the objective(s) of the federal grant prorgam (if applicable).

F. TEACHER SIGNATURE: _____ PRINCIPAL SIGNATURE: _____ DATE: _____