PROJECT REACH

Time sheet

Date of Class	Number of Students	Number of Hours
M_____	_____	_____
T_____	_____	_____
W_____	_____	_____
R_____	_____	_____
F_____	_____	_____

Total Weekly Hours _____

Date of Class	Number of Students	Number of Hours
M_____	_____	_____
T_____	_____	_____
W_____	_____	_____
R_____	_____	_____
F_____	_____	_____

Total Weekly Hours _____

TWO WEEKS TOTAL _____

_____ _____ _____

Teacher Signature **ID Number** **Date**

_____ _____

Principal Signature **School Name**