

LOS MEDANOS COLLEGE

TIME & EFFORT CERTIFICATION ACTIVITY LOG

Note: Please complete this "Activity Log" and sign below.

Faculty Member (Full Name)	
Faculty Member's ID Number:	
Faculty Member's Title:	
Month:	
Project:	

<i>Day</i>	<i>Hours</i>	<i>Description of work performed</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
TOTAL HOURS		

I certify that the information recorded on this report is a true representation of the actual hours I worked for this project.

Printed Name of Employee:	
Signature of Employee:	
Date:	
Printed Name of Supervisor:	
Signature of Supervisor:	
Date:	