Non Traditional Instructional Day Work Log
(Complete and turn in each pay period)

Name of School: _____ **Name of Vendor:** _____ **Pay Period** _____

Address of Vendor: _____

In the spaces below, please indicate the date on which you provided non-instructional day services for children. Please include the requested information. Please complete the classroom data sheet of the services provided and attach and maintain all lesson plans and necessary work samples for documentation of services provided.

Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:
Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:
Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:	Date: Hours Worked: Subject Taught:
Date: Hours Worked: Subject Taught:	**Vendor's Certification** **I hereby certify that the above is a correct statement of the amount due from the herby named school system for services rendered.**	

Signed: _____ **Date:** _____

Approved by: _____ **(Principal) Date:** _____