



EASTPOINTE

COMMUNITY SCHOOLS

GRANT FUNDED ACTIVITY SIGN IN SHEET

Please use this for any activities paid for with Grant Funding

NAME OF ACTIVITY:	DATE(S) OF ACTIVITY:	TIME: Begins: Ends:
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District: Location:	TOTAL HOURS FOR THIS SHEET: (List the total hours used in all)
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Name	Employee #	Building/ Position	Total Number of Hours/Person	Time In	Time Out	Signature

Checked By:	ASN:
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Principal / Supervisor Signature:

Date: