

Full-Time Faculty Activity Log for Release Time

Employee Name: _____ Fiscal Year: _____ Pay Period: _____

Employee CWID: _____ Position Number: _____

Grant Name: _____ Fund-Organization: _____

Date	Activities Performed	Hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
	Monthly Total:	

I certify that the above-listed work was performed on the date listed, covering the time specified, as necessary to meet the requirements of the grant mentioned.

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____