

**IMPACT AAPI Time Log Reporting Form**  
**Monthly**  
**Faculty**

**EMPLOYEE NAME**

**PAY PERIOD**

DATE	TIME PERIOD	ACTIVITIES PERFORMED	TOTAL TIME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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28			
29			
30			
31			

*AS THE DESIGNATED SUPERVISOR OF THIS EMPLOYEE, I CERTIFY THAT THE ABOVE LISTED WORK WAS PERFORMED ON THE DATE LISTED COVERING THE TIME PERIOD SPECIFIED, AS NECESSARY TO MEET THE REQUIREMENTS OF THE GRANT MENTIONED*

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_