



## TIME AND ACTIVITY REPORTING FORM

### College Cost Reduction and Access Act Asian American Native American Pacific Islander-Serving Institution Grant Project

This form should be completed and submitted to the Project Director, Mae Lee (x8973, MCC-21), within 7 days after the end of the month. It serves to confirm payroll fiscal records for all grant-supported activities.

ACADEMIC YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position Title in Relation to Grant: Instructor of Learning Community Class

WEEK / DATES	MAIN ACTIVITIES	Hours Per Week
<b>Week 1 of Month (M-F)</b> Dates:		
<b>Week 2 of Month (M-F)</b> Dates:		
<b>Week 3 of Month (M-F)</b> Dates:		
<b>Week 4 of Month (M-F)</b> Dates:		
<b>Week 5 of Month (M-F)</b> Dates:		

I certify that the information above is correct.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Signature: Grant Curriculum Coordinator                      Date

\_\_\_\_\_  
Signature: Employee's Supervisor                      Date

\_\_\_\_\_  
Signature: Grant Project Director                      Date