

ISLAND TREES PUBLIC SCHOOLS

MONTHLY SUMMARY OF ACTIVITY
BY
ADVISORS

This report is to be completed at the **end of each month** by advisors who are compensated at an hourly rate of pay for student contact beyond their regular teaching duties as specified in the agreement between the Board of Education and the UTIT. Please specify hours of student contact to the nearest quarter hour. Upon completion please submit to your Principal with a copy to your Director or Chairperson as appropriate.

Advisor's Printed Name

Name of Activity or Club

Month and Year

Date	Starting Time	# of Hours	Brief Description of Activity	# of pupils
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TOTAL HOURS		<input type="text"/>		<input type="text"/>

Comments:

X _____
 Advisor's Signature _____
 Date

X _____
 Principal's Signature _____
 Date

Please forward to the Payroll Department upon completion.