

REQUIRED SERVICES REIMBURSEMENT FORM

School Year: 2019-2020

Ed Finance ID #:

FORM USE ONLY

Site Code:

619001

Federal ID #: 47-2198643

Name of Civil Parish:

Rapides

Name of School: University Academy of Central LA

Name of Diocese:

Address: 141 Middleton Dr.

School Administrator:

Deette Loyd

City: Alexandria

Phone Number:

318-427-0123

Zip Code: 71302

Fax Number:

318-427-0123

Contact Person: Deette Loyd

Contact E-mail:

deette.loyd@uacenta.com

SUMMARY OF TOTALS		Pupil Attendance	Record Maintenance	Nonpublic Data Collection	Transportation	Safety	Teacher Certification	Continuing Education
TOTAL REQUESTED:	\$204,369	\$23,502	\$134,994	\$5,390	\$14,326	\$7,665	\$12,250	\$6,242

I hereby certify that the activities for which reimbursement is requested are mandated by State Law or regulation or requirement of a state department, state agency, or local school board; are not an integral part of the teaching process; were actually performed by employees of this school, and I understand that false statements will be subject to civil and criminal penalties.

Administrator's Signature:

Deette Loyd

Date:

9/14/20

NAME	Annual Salary	Hourly Rate	Hours of Service	Pupil Attendance	Hours of Service	Record Maintenance	Hours of Service	Nonpublic School Data Collection	Hours of Service	Nonpublic School Data Collection	Hours of Service	Transportation	Hours of Service	Safety	Hours of Service	Teacher Certification	Hours of Service	Continuing Education	Hours of Service
13		\$0.00		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
14		\$0.00		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
15		\$0.00		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Subtotals for Counselors																			
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Support Staff (Use actual hours)																			
		ENTER HOURLY RATE																	
1		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
2		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
3		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
4		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
5		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
6		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
7		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
8		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
9		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
10		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
11		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
12		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
13		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
14		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
15		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
16		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
17		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
18		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
19		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
20		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
21		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
22		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
23		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
24		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
25		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Subtotals for Support Staff			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF REQUIRED SERVICES									
TOTAL REQUESTED:		Pupil Attendance	Record Maintenance	Nonpublic School Data Collection	Transportation	Safety	Teacher Certification	Continuing Education	
\$204,369	\$23,502	\$134,994	\$6,390	\$14,326	\$7,665	\$12,250	\$6,242		

REQUIRED SERVICES SUMMARY TIME RECORD FORM

Employee	Position	Gross Annual Salary	School Year
DeEtte Loyd	Director		2019-2020

Pupil Attendance	Record Maintenance	Nonpublic School Data Collection	Transportation	Safety	Teacher Certification	Continuing Education
221.50	1,332.00	154.00	122.00	123.00	350.00	11.00

I hereby certify that I actually performed the services for which reimbursement is sought and that the information submitted by me is true and accurate.

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and

Employee's Signature *DeEtte Loyd*

Date 9/14/20

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: Literacy Academy of Central LA

Month: Aug

Employee's Name: D'Etta Loid

School Year: 2019-2020

(Make sure time is entered in MINUTES)

Title: Director

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
1																										0
2																										0
3																										0
4																										0
5																										0
6																										0
7																										0
8																										0
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34																										0
35																										0
36																										0
37																										0
38																										0
39																										0
40																										0
41																										0
42																										0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature: D'Etta Loid Date: 9/14/20

Note: This form and all supporting documentation are considered public records under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: September

Employee's Name: Diana Lovell

School Year: 2019-2020

Title: Director

(Please enter time in minutes)

DATE	M	T	W	Th	F	S	M	T	W	Th	F	S	M	T	W	Th	F	S	M	T	W	Th	F	S	M	T	W	Th	F	S	Total Time
1																															17
2																															17
3																															17
4																															17
5																															17
6																															17
7																															17
8																															17
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64																															17
65																															17
66																															17
67																															17
68																															17
69																															

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Monroe, LA

Month: December

Employee's Name: Doreen Love

School Year: 2019-2020

Title: Director

(Make sure each hour is entered in minutes.)

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	Total Time					
1. Paid Attendance	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00			
2. Record Maintenance	400	350	350	350	350	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400		
3. Nonpublic School																																		
4. Annual Data Collection	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400		
5. Transportation	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	400	
6. Teacher Certification	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	
10. Continuing Education																																		

The hours documented above represent the actual amount of time dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature

Doreen Love

Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: January

Employee's Name: Delta Voss

School Year: 2019-2020

(Please enter time in minutes)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
1. Pupil Attendance			1																		15
2. Record Maintenance																					15
3. Nonpublic School Annual Data Collection				HOLIDAY																	0
4. Salary																					15
5. Teacher Certification																					15
10. Continuing Education																					2

The hours documented above represent the actual amount of time dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature

Delta Voss

Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.S. 44:1 and 44:21.

Prepared by the Office of State Finance & Policy/Louisiana Department of Education

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: August

Employee's Name: DAVID LIND

School Year: 2019-2020

Title: Director

(Please enter time in minutes)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time	
1	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
2	300	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	8640
3	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
4	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
5	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
6	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
7	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
8	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
9	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
10	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1440
	120	240	120																							0	

The hours documented herein represent the actual amount of time logged to providing services which are required and eligible for reimbursement.

Employee's Signature

David Lind

Date

9/14/20

Note: This form and all supporting documentation are considered public records under L.R.S. 44-1 and 44-31.

Prepared by the Office of State Finance & Procurement, Louisiana Department of Education

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: Lincolnton Academy of Central, LA

Month: Mar

Employee's Name: Diana Boyd

School Year: 2019-2020

Title: Director

(Please use time in increments of 15 minutes)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
1					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	2
2					2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	2
3					3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31	0
4					4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31		0
5					5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			0
6					6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31				0
7					7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31					0
8					8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	32					0
9					9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	33					0
10					10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31	34					0

The hours documented above represent the actual amount of time dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature

Diana Boyd

Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Employee's Name: Dwight Lord

Title: Director

Month: June

School Year: 2019-2020

(Please use time in minutes)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
1																										0
2																										0
3																										0
4																										0
5																										0
6																										0
7																										0
8																										0
9																										0
10																										0

The hours documented above represent the actual amount of time requested as providing services which are required and eligible for reimbursement.

Employee's Signature

Dwight Lord

Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

Prepared by the Office of State Finance & Policy/Louisiana Department of Education

REQUIRED SERVICES SUMMARY TIME RECORD FORM

Employee	Position	Gross Annual Salary	School Year
Craig Whittington	Dean of Students		2019-2020

Pupil Attendance	Record Maintenance	Nonpublic School Data Collection	Transportation	Safety	Teacher Certification	Continuing Education
56.00	370.00	0.00	124.00	39.25	0.00	11.00

I hereby certify that I actually performed the services for which reimbursement is sought and that the information submitted by me is true and accurate.

Note: This form and all supporting documentation are considered public record under L.R.S. 44: 1 and

Craig Whittington
Employee's Signature

9/14/20
Date

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: Louisiana Academy of Central LA

Month: July

Employee's Name: Craig Whitmore

School Year: 2019-2020

Title: Director/Inquiries

(Please use time to entered in #HOURS)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time	
1	00	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	720
2	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	1440
3																						0
4																						0
5																						0
6																						0
7																						0
8																						0
9																						0
10																						0

The hours documented above represent the actual amount of time dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature

[Handwritten Signature]

Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA
 Employee's Name: Clara Whisenand
 Title: Dean of Students

Month: August
 School Year: 2019-2020

(Please enter time in minutes)

DATE	M	T	W	Th	F	S	S	T	W	Th	F	S	S	T	W	Th	F	S	S	T	W	Th	F	S	S	T	W	Th	F	Total Time						
1					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2					1:00																															
3					1:20																															
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				

The hours documented above represent the actual amount of time dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature: [Signature] Date: 9/14/20

Note: This form and all supporting documentation are confidential public records under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: January

Employee's Name: Craig Whittington

School Year: 2019-2020

Title: Dean of Students

(Make sure time is entered in MINUTES)

DATE	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	Total Time
1			1	2	3	6	7	8	9	10	13	14	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14
2								15	15		15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	4
3								120	120		120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	28
4								60	60		60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	14
5								15	30		15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	4
9																											0
10																											0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature



Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44.1 and 44.31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: April

Employee's Name: Craig Whittington

School Year: 2019-2020

Title: Dean of Students

(Make sure time is entered in MINUTES.)

DATE	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	Total Time
1 Pupil Attendance			1	2	3	6	7	8	9	10																									4	
2 Record Maintenance			15	15	120																														28	
3 Nonpublic School Annual Data Collection						HOLIDAY																											0			
4 Transportation			60	60																															14	
5 Safety			15	15																															4	
9 Teacher Certification																																			0	
10 Continuing Education																																			0	

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature



Date

9/14/20

Note: This form and all supporting documentation are considered public record under L.R.S. 44.1 and 44.31.

**REQUIRED SERVICES
SUMMARY TIME RECORD FORM**

Employee Lauren Davis	Position Counselor	Gross Annual Salary	School Year 2019-2020
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Pupil Attendance 59.00	Record Maintenance 536.50	Nonpublic School Data Collection 0.00	Transportation 0.00	Stipend 4.00	Teacher Certification 0.00	Continuing Education 14.00
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I hereby certify that I actually performed the services for which reimbursement is sought and that the information submitted by me is true and accurate.

Note: This form and all supporting documentation are considered public record under L.R.S. 44-1 and

Lauren Davis
Employee's Signature

09/14/2020
Date

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: July

Employee's Name: Lauren Davis

School Year: 2019-2020

Title: School Counselor

(Make sure time is entered in MINUTES.)

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time			
<i>DATE</i>	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31	
1 Pupil Attendance																								0
2 Record Maintenance Nonpublic School	360	360	360	360		360	360	360	360		360	360	360	360		360	360	360	360		360	360	360	114
3 Annual Data Collection																								0
4 Transportation																								0
5 Safety																								0
9 Teacher Certification																								0
10 Continuing Education																								0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature Lauren Davis

Date 07/14/2020

Note: This form and all supporting documentation are considered public record under L.R.S. 44.1 and 44.31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: August

Employee's Name: Lauren Davis

School Year: 2019-2020

Title: School Counselor

(Make sure time is entered in MINUTES.)

DATE	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time					
1 Pupil Attendance				1	2	5	8	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	6
2 Record Maintenance				360		360	360	240	240	240	300	300	300	300		240	240	240	240		240	240	240	240	240	82
3 Nonpublic School																										0
4 Annual Data Collection																										0
5 Transportation																										0
9 Teacher Certification																										0
10 Continuing Education							220	220	220	220																11

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature Lauren Davis

Date 08/14/2020

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: October

Employee's Name: Lauren Davis

School Year: 2019-2020

Title: School Counselor

(Make sure time is entered in MINUTES.)

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
<i>DATE</i>																					
1 Pupil Attendance	30	30	30			30	30	30			30	30	30			30	30	30			9
2 Record Maintenance	120	120	120			120	120	120			120	120	120			120	120	120			34
3 Nonpublic School Annual Data Collection																					0
4 Transportation																					0
5 Safety											30										1
9 Teacher Certification																					0
10 Continuing Education																					0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature



Date

09/14/2020

Note: This form and all supporting documentation are considered public record under L.R.S. 44.1 and 44.31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA

Month: November

Employee's Name: Lauren Davis

School Year: 2019-2020

Title: School Counselor

(Make sure time is entered in MINUTES.)

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time
<i>DATE</i>	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	
1 Pupil Attendance	30		30	30			30	30	30	30	30	30	30	30	30						11
2 Record Maintenance	90	90	90	90			90	90	90	90	90	90	90	90							18
3 Nonpublic School Annual Data Collection						Holiday															0
4 Transportation																					0
5 Safety												30									1
9 Teacher Certification																					0
10 Continuing Education																					0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.

Employee's Signature



Date

09/14/2020

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.

REQUIRED SERVICES TIME LOG (MONTHLY)

School Name: University Academy of Central LA Month: January
 Employee's Name: Lauren Davis School Year: 2019-2020

Title: School Counselor (Make sure time is entered in MINUTES)

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Time						
<i>DATE</i>			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31		
1 Pupil Attendance							30	30	30		30	30	30	30		30	30	30	30	30	30	30	30	30	30	30	7
2 Record Maintenance							120	120	120		120	120	120	120		120	120	120	120	120	120	120	120	120	120	120	21
3 Nonpublic School Annual Data Collection																											0
4 Transportation																											0
5 Safety																											0
9 Teacher Certification																											1
10 Continuing Education																											0

The hours documented above represent the actual amount of time I dedicated to providing services which are required and eligible for reimbursement.
 Employee's Signature: Lauren Davis Date: 01/14/2020

Note: This form and all supporting documentation are considered public record under L.R.S. 44:1 and 44:31.
 Prepared by the Office of State Finance & Policy/Louisiana Department of Education