

EXTRA-CURRICULAR ACTIVITY HOURS

(as per Article 6.04 of the Provincial Teachers' Collective Agreement)

Staff Name (please print): _____

School: _____

Activity Details: _____

Estimated total hours of extra-curricular duties for this activity: _____

Pre-approved for eligible extra-curricular activity hours: _____

Date: _____

Administrator signature

Log of extra-curricular activity duties

Date mm/dd/yyyy	Details of Activity	Hours Earned

