San Diego Unified School District
Office of Resource Development
Mandated Cost Unit

For District Use Only

Entered by _____

REIMBURSABLE ACTIVITIES TIME LOG FOR SCHOOL SITES

California High School Exit Exam Training (CAHSEE)

Trainer's name: **Trainer's Title:**

School: **Trainer's Empl ID#:**

Total Training Time: _____minutes

Date	Staff Attending Training		
	Staff Name *(Printed)*	**Staff Name *(Signed)***	**Position**

The State of California requires that school district personnel maintain a record of time spent on mandates in order for the district to receive reimbursement. Your signature on this form certifies your participation in the activity and that you have reported actual time.

Trainer's Signature: **Date Signed:**

Please return the completed form at the end of the training session to: Mandated Cost Unit, Room # 3160, Ed Center