

**SCCS Federal Grant Monies**

Name: \_\_\_\_\_ From Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day	Date	START	END	TOTAL REG
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				

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Day	Date	START	END	TOTAL REG
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				

TOTAL \_\_\_\_\_

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



**FOR ADMINISTRATION USE ONLY**

Dollars from:

Title IA	_____	Code	_____
Title IIA	_____	Code	_____
Title IID	_____	Code	_____
Title IV	_____	Code	_____
Title V	_____	Code	_____
Title VIB	_____	Code	_____
VESID	_____	Code	_____
RFG	_____	Code	_____
	_____	Code	_____

CHECK ONE:

1/200TH CURRICULUM RATE

PRINCIPAL APPROVAL \_\_\_\_\_

BUSINESS ADMINISTRATOR APPROVAL \_\_\_\_\_