EXTRA-CURRICULAR ACTIVITY

(as per Article 29 of the I.T.A. Collective Agreement)

Staff Name (please print): _____

School: _____

Staff Signature: _____

School year(s) hours were earned in: _____

Log of time spent with students:

DATE mm/dd/yyyy	ACTIVITY or SPORT	TIMES	TOTAL TIME

Date of leave: _____

Approval of Principal: _____