**South Nodaway R-IV**

Educator Stipend

Responsibility Log

( Please make sure you sign this log before you turn it in for verification.)

**Please use the electronic log for final verification**.

Name:

Responsibility:

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| Date | Description | Time: Begin | Time:  End | Hours |
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| Total Hours | | | | 0 |

I verify that the above information is accurate.

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Educator’s Signature