

Time/Effort
Brady Independent School District

Name _____ Job Title: _____

Month/Year _____

Day of Month	Title I, Part A Hours Worked	General Fund Hours Worked	Total Hours Worked
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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26			
27			
28			
29			
30			
31			

Employee's Signature _____

Supervisor's Signature _____