CSN College Dual Enrollment Teacher Development
PDE #2894
Time Log

Name: _____ Last 4 Digits of SS #: _____

School: _____ Credit(s): ☐ 1 ☐ 2

The first line is a sample entry with the type of information needed to process your credit. Please contact us if you have any questions.

All instructional time must be completed outside the contracted work day and listed in quarter hour increments.

Activity Performed	Date	Time of Day	Hours
(Sample Entry) Initial Meeting	09/05/09	2p-3:30p	1.5
Total Hours Completed			0

_____ _____
Participant Signature Date

My signature certifies that each participant has completed the appropriate number of instructional hours required to earn PDE credit for this class.

_____ _____
CSN/CCSD Administrator (Circle one) Date

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