



WORK TIME RECORD SHEET

SMART

NYSED Distance Education COVID-19 Guidance

Program Name:

Student Name:

FOR TWO WEEK Period FROM _____ TO _____

You must complete this section for each packet that you spend time working on:

- 1. Name of workbook/worksheet/website title:**

- 2. List the dates and amount of time you worked on this assignment (add more dates if you need to):**

Date

Amount of time worked (approximate number of hours)



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3. **Total time worked:**

Total time worked:

4. **Date Assignment completed:**

Date Assignment completed:

PLEASE COMMENT ON YOUR PACKET.

You have agreed to work on this program 6 hours a week.