

Optional Activity Verification Form – Effective 12/01/08
Send to the Continuing Education Committee, Education Service Center



Refer to the statements listed on the Verification of Clock Hours Form for the appropriate verification needed for each category

Name _____ Building _____ Extension _____

Name/Title of Activity _____ Date Activity Ended ____/____/____

Provide written statement below (if applicable):

To be completed by the person responsible for the activity

Signature _____

Title _____

Applicant's actual hours of involvement in the activity _____
(Categories F-2, F-3, G-1, G-2, G-3, H-1 and H-2)

Applicant's actual weeks of involvement in the activity _____
(Categories F-1 and I-2)

Applicant's actual days of travel _____
(Category I-1)

OR

Applicant's actual hours of involvement in the activity _____
(Other)

Date Verified _____