

**REIMBURSABLE ACTIVITIES TRAINING LOG**  
**Physical Performance Testing**  
**FITNESSGRAM®**

*Trainer, please record any prep time for training on a Monthly Reimbursable Activities Time Log.*

<b>Trainer or Training Organizer:</b>		<b>Title:</b>	
<b>Site:</b>			
Date	Staff attending training		Total time in Training
	Staff attending training Please Print	Staff attending training Signature	

**# COPIES MADE FOR TRAINING:** \_\_\_\_\_ **Additional Training Costs:** \_\_\_\_\_

The State of California requires that school district personnel maintain a record of time spent on mandates in order for the district to receive reimbursement. Your signature on this form certifies your participation in the activity and that you have reported actual time.

**Trainer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the completed form at the end of each training session to: Mandated Cost Unit, Room # 3209, Ed Center