GROUP ACTIVITY TIME & EFFORT FORM

COVID-19 GROUP ACTIVITY LOG							
EVENT DATE							
EVENT TIME	FROM						
	TO						

Certain work done during a federal or state disaster may be eligible for reimbursement. Please complete this document for meetings and other gatherings conduct/lead related to the COVID-19 virus to document efforts, so Ohlone may submit to the state or federal government.

PURPOSE & DESCRIPTION OF THE EVENT/MEETING	

PARTICIPANT NAME	TITLE	DEPARTMENT	ROLE IN THE EVENT/MEETING

CERIFICATION:	
I certify that the information recorded on this report is a true representation of the event/meeting:	☐
Printed Name of Employee/Organisor	
Signature of Employee/Organizer	
Date	