

Chicago GEAR UP Alliance
CPS Teacher Volunteer Match Time

TEACHER NAME: _____

SUBJECT TAUGHT: _____

School Name: _____

Academic Year: _____

Date of GEAR UP Activity: _____

(please use a different form for each activity, if multiple days spent on 1 activity, please provide daily log)

Please provide a clear description of GEAR UP Activity for which you were not paid:	Report Hours in quarterly segments:

CPS Teacher Signature **Date**

GEAR UP Coordinator Name

GEAR UP Coordinator Signature **Date**

We recommend that you make a copy of this form for your records.