

**GREAT NECK PUBLIC SCHOOLS
RECORD OF MENTORING ACTIVITIES
SCHOOL YEAR: _____**

MENTOR: _____ CERTIFICATION #: _____

MENTEE: _____ CERTIFICATION #: _____

DATE	TIME	DESCRIPTION OF ACTIVITY	HOURS
TOTAL TIME			____ hrs. ____ min.

The following signatures certify this record of mentoring activities is complete and accurate.

Mentor: _____ Date: _____

Mentee: _____ Date: _____

Bldg. Administrator: _____ Date: _____

Attn: Mentor and Mentee
DO NOT forward hard copies of this Log or the Authorization to Compensate. Instead, upload them to MyFileLibrary in

MLP. Then complete the applicable Mentor or Mentee Log Submission form, attach the uploaded document(s) and submit. Office of Instruction will process payment for mentoring upon completion of this process in MLP.