**CLOCK HOURS SUMMARY REPORT**

Fiscal Year: 2016-2017

School District: Click here to enter text.

Building/Program: Click here to enter text.

Count Day: Click here to enter text.

**Minimum Time Required:**

Click here to enter text.**Hours or** Click here to enter text.**Minutes**

Click here to enter text.**Days provided Instruction**

**These figures must match figures on the appropriated Daily Time Schedule**

**FULL TIME DAYS** Click here to enter text.**minutes**

**HALF DAYS** Click here to enter text.**minutes**

**OTHER DAYS** Click here to enter text.**minutes**

**TOTAL INSTRUCTIONAL TIME** Click here to enter text.**minutes**

 **Divide by 60**

Click here to enter text.**Hours** Click here to enter text.**Minutes**

**Prepared By:** Click here to enter text.

**Title:** Click here to enter text.

**Date:** Click here to enter text.