

**North Dakota Department of Public Instruction
Dr. Wayne G. Sanstead, State Superintendent
600 E. Boulevard Avenue, Dept. 201
Bismarck, ND 58505-0440**

Template for Assurance of Time

From _____ to _____, _____
(Start Date) (End Date) (Employee Name)

spent _____ of his/her time on Title I, Part A instructional activities as evidenced
(FTE)

by the enclosed schedule.

*Employee

Date

*Supervisor

Date

**Signatures must be dated AFTER the last date of service.*