

Advisor Name:

Co-Advisor Name:

Name of Activity:

School Year:

Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228

Date activity completed?

YES or NO

Did your club run?

Total Hours Approved by VEA Committee::

Variable Extra-Curricular Activity (VEA) Verification Summary Form

Building:		Total Hours Completed Virtual Hours:		to Face Hours:		
Please use this form to track the dates and hours of club activities, and the number of students participating in each meeting/activity. If you need more space, simply staple additional logs to this form. This tracking form must be turned in order for payment to be authorized. Please maintain records of student sign-in sheets to verify attendance. Note: Hours listed must occur before/after school day, with 5+ students in attendance.						
Date of Activity	Activity De	scription	No. Stude		No. of Hours	
+						
+						
TC			TOTAL H	IOURS:		
Advisor's Signature				Date:		
Principal's Signature				Date:		

Please submit completed form to the Office of Human Resources no later than June 1

last update 7.2025