



Time Allocation and Attendance Report

For Fiscal Use Only

Name: _____
 ID Number: _____
 Program: _____
 City: _____
 Beginning/Ending Dates: _____

Narrative Codes	
1 Administration	10 Classroom/Program Activities
2 Record Keeping	11 Clerical
3 Home Visits	12 Intake
4 Clinic	13 Site Visits
5 Training	14 Meal Preparation
6 Travel	15 Client Interaction
7 Weatherization Labor	16 Research/Preparation
8 Weatherization Support	17 Transporting
9 Meetings	18 Maintenance
	19 Purchasing

Date	Scheduled Work Hours	Actual Hours Worked	Hours Worked Per Program										Sick Leave	Vacation	Holiday	Funeral	Personal	Codes	Comments	
Sat																				
Sun																				
Mon																				
Tue																				
Wed																				
Thu																				
Fri																				
Subtotal 1st Week																				
Sat																				
Sun																				
Mon																				
Tue																				
Wed																				
Thu																				
Fri																				
Subtotal 2nd Week																				
TOTAL																				

Complete in Black or Blue ink. Your supervisor must receive your signed timesheet on the last day of the pay period which is a Friday as time sheets must be in the Central Office by the Monday following the end of the pay period. Overtime is not allowed unless approved in advance by the Program Director. Overtime is based on actual hours worked in excess of 40 hours a week. The workweek is Saturday - Friday.

I certify that this time sheet is accurate and complete and understand that false information on this Time Sheet is reason for immediate dismissal.

Employee: _____ Date: _____ Supervisor: _____ Date: _____
Original Signature Required