CHILD & FAMILY DEVELOPMENT PROGRAMS

Time Log for Hours Away from Worksite

Employ	ee Name:	Month: _		20			
Supervisor:							
•							
DATE	REASON FOR WORKING OFF SITE	ACTIVITY	TOTAL TIME	PRODUCT VERIFIED BY			
	WORKING OIT SHE		IIIVIL				

DATE	REASON FOR WORKING OFF SITE	ACTIVITY	TOTAL	PRODUCT VERIFIED BY SUPERVISOR

Updated: 1/10/01