

# TIME STUDY - DAILY LOG

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency No. \_\_\_\_\_ Agency Name: \_\_\_\_\_

## MINUTES SPENT ON WIC ACTIVITIES/DAILY

Time Slot	Client Services	Nutrition Education	Breast-feeding	Administration
6AM - 7AM				
7AM - 8AM				
8AM - 9AM				
9AM - 10AM				
10AM - 11AM				
11AM - 12PM				
12PM - 1PM				
1PM - 2PM				
2PM - 3PM				
3PM - 4PM				
4PM - 5PM				
5PM - 6PM				
6PM - 7PM				
7PM - 8PM				
8PM - 9PM				
<b>DAILY TOTALS</b>	_____ MINUTES	_____ MINUTES	_____ MINUTES	_____ MINUTES
<b>HOURS (Total Minutes/60)</b>				

I certify this information to be true and correct.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_