TIME STUDY - SUMMARY

Employee Name:

Agency No._____

WIC Position/Title:

Agency Name:

HOURS SPENT ON WIC ACTIVITIES - FROM DAILY LOG SHEETS

	Client	Nutrition	Breastfeeding		Total
Date	Services	Education	Promotion	Administration	Hours for Day
20.00	00111000			7.0000000000000000000000000000000000000	
			1		
TOTALS	Hours	Hours	Hours	Hours	Total hours
ercentages					=100%
SALARY AND BENEFITS CALCULATION BY COST CATEGORY					
Annual Salary and Benefits		Client	Nutrition	Breastfeeding	
Charged to WIC Grant		Services	Education	Promotion	Administration

I certify this information to be true and correct.

Signature: _____ Printed Name: _____

Title:

Date: