ABC ORGANIZATION, INC.

MONTHLY TIME DISTRIBUTION REPORT (HOURS)

FISCAL YEAR 2014

MONTH/YEAR

June 2014

DAYS OF THE MONTH

PROGRAMS	Acct. Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		Total Time
Shelter	**12345**		1.25	2.50	5.00		4.00			2.00		1.00	4.00				8.00	2.00	3.00	4.00	2.00			3.50	5.50		6.00	5.50			3.75		63.00
Legal	**12346**		2.00		0.50	1.00						1.25	1.50					2.50		2.00						0.50							11.25
Hotline	**12347**		0.75	1.75	2.50	4.00				2.00	1.50	1.50		4.50						2.00	2.50			2.75	0.50	2.00					4.25		32.50
Crisis Counseling	**12348**		1.50	2.50						1.00		3.25	1.50	2.00				2.00	2.00		1.25			1.75	1.00	1.00		2.50					23.25
Prevention & Education	**12349**					3.00					6.00								3.00							4.00							16.00
Management & General	**12350**		2.50	1.25			4.00			3.00	0.50	1.00	1.00	1.50				1.50			2.25				1.00	0.50	2.00						22.00
Total Hours		0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	0.00	168.00

CERTIFICATION

I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY TIME DURING THIS PERIOD.

EMPLOYEE NAME Jane Smith

EMPLOYEE SIGNATURE

I HEREBY CERTIFY THAT THE EMPLOYEE WAS PRESENT AND WORKING AS INDICATED BY THIS REPORT.

SUPERVISOR NAME John Doe

SUPERVISOR SIGNATURE

INSTRUCTIONS: List the actual hours you have worked under the Program Area that applies.