## TIME \& EFFORT SCHEDULE 2022-2023

| Fiscal Year <br> 2022-2023 | Sample Week | Date Completed <br> \& Sent |
| :---: | :---: | :---: |
| Oct. 2022 | $17-21$ |  |
| Nov. 2022 | $14-18$ |  |
| Dec. 2022 | $19-23$ |  |
| Jan. 2023 | $16-20$ |  |
| Feb. 2023 | $20-24$ |  |
| Mar. 2023 | $20-24$ |  |
| Apr. 2023 | $17-21$ |  |
| May 2023 | $15-19$ |  |
| Jun. 2023 | $19-23$ |  |
| Jul. 2023 | $17-21$ |  |
| Aug. 2023 | $14-18$ |  |
| Sept. 2023 | $18-22$ |  |

## Time and Effort

On third week of every month all staff will begin recorded their time into the following four (4) categories listed.

1) Client Services - includes all client contact; pulling/filing charts, certification, food issuance, referral and associated travel and training related to these.
2) Nutrition Education - includes all nutrition education, client contact, training and travel to provide nutrition education.
3) Breastfeeding Promotion - includes all breastfeeding promotion client contact, training and travel to provide nutrition education.
4) General Administration - includes all outreach, vendor monitoring, financial, general clerical, personnel, general travel and other.

|  | Client Services (1) | Nutrition Educations (2) | BF Promotion (3) | General Adm. (4) |
| :--- | :---: | :---: | :---: | :---: |
| $: 00$ | X |  |  |  |
| $: 15$ | X |  |  |  |
| $: 30$ |  | X |  |  |

There are thirty-two (32) lines for each day; one for each quarter hour segment. Do not mark off time for lunch. The time sheets only show actual time worked, not time for lunch and breaks.

1. Enter their name, position title, clinic location and date on the worksheet heading
2. The time spent in the four program components is entered in 15 minute increments on the worksheet as appropriate. Time should only be checked in one area per 15 minute increments.

- The worksheet represents one working week. You must submit one sheet with all five columns completed or an explanation written in for why it is blank.
- Mark an " $X$ " for each quarter hour in the appropriate units (1, 2, 3, 4).
- The totals for each column and day will be computed into a weekly total.
- Employee's signature is required at the bottom of their form.
- Submit the completed form to the designated person for your agency.

Staff will complete a column for each day they are scheduled to work that week. Half and three-quarter time employees are to submit the days they are normally scheduled.

There is no carry-over of non-working days from one month to the next. If a staff member is ill, on vacation or a holiday falls in this week, staff are not required to make up these days the following week/month.

The computer will automatically calculate the employee's total time for the week. Once all staff has completed their weekly time studies, local agencies are required to compile the total time for all employee categories into one report. Submit this form to the State Office within 2 weeks following the time study each month.

