

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
August	7		
August	8		
August	9		
August	10		
August	11		
August	12		
August	13		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
August	14		
August	15		
August	16		
August	17		
August	18		
August	19		
August	20		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
August	21		
August	22		
August	23		
August	24		
August	25		
August	26		
August	27		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
August	28		
August	29		
August	30		
August	31		
September	1		
September	2		
September	3		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
September	4		
September	5		
September	6		
September	7		
September	8		
September	9		
September	10		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
September	11		
September	12		
September	13		
September	14		
September	15		
September	16		
September	17		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
September	18		
September	19		
September	20		
September	21		
September	22		
September	23		
September	24		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
September	25		
September	26		
September	27		
September	28		
September	29		
September	30		
October	1		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	2		
October	3		
October	4		
October	5		
October	6		
October	7		
October	8		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	9		
October	10		
October	11		
October	12		
October	13		
October	14		
October	15		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	16		
October	17		
October	18		
October	19		
October	20		
October	21		
October	22		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	23		
October	24		
October	25		
October	26		
October	27		
October	28		
October	29		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	30		
October	31		
November	1		
November	2		
November	3		
November	4		
November	5		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
November	6		
November	7		
November	8		
November	9		
November	10		
November	11		
November	12		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
November	13		
November	14		
November	15		
November	16		
November	17		
November	18		
November	19		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
November	20		
November	21		
November	22		
November	23		
November	24		
November	25		
November	26		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
November	27		
November	28		
November	29		
November	30		
December	1		
December	2		
December	3		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
December	4		
December	5		
December	6		
December	7		
December	8		
December	9		
December	10		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
December	11		
December	12		
December	13		
December	14		
December	15		
December	16		
December	17		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
December	18		
December	19		
December	20		
December	21		
December	22		
December	23		
December	24		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
December	25		
December	26		
December	27		
December	28		
December	29		
December	30		
December	31		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
January	1		
January	2		
January	3		
January	4		
January	5		
January	6		
January	7		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____ **Contract #:** _____
Staff Name: _____ **Title/Position:** _____
Hourly Rate: \$ _____ **Location:** _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
January	8		
January	9		
January	10		
January	11		
January	12		
January	13		
January	14		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
January	15		
January	16		
January	17		
January	18		
January	19		
January	20		
January	21		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____ **Staff Date:** _____

Supervisor Signature: _____ **Supvr Date:** _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____ **Contract #:** _____
Staff Name: _____ **Title/Position:** _____
Hourly Rate: \$ _____ **Location:** _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
January	22		
January	23		
January	24		
January	25		
January	26		
January	27		
January	28		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
January	29		
January	30		
January	31		
February	1		
February	2		
February	3		
February	4		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____ **Staff Date:** _____

Supervisor Signature: _____ **Supvr Date:** _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
February	5		
February	6		
February	7		
February	8		
February	9		
February	10		
February	11		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
February	12		
February	13		
February	14		
February	15		
February	16		
February	17		
February	18		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____ **Contract #:** _____
Staff Name: _____ **Title/Position:** _____
Hourly Rate: \$ _____ **Location:** _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
February	19		
February	20		
February	21		
February	22		
February	23		
February	24		
February	25		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
February	26		
February	27		
February	28		
February	29		
March	1		
March	2		
March	3		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____ **Staff Date:** _____

Supervisor Signature: _____ **Supvr Date:** _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
March	4		
March	5		
March	6		
March	7		
March	8		
March	9		
March	10		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
March	11		
March	12		
March	13		
March	14		
March	15		
March	16		
March	17		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
March	18		
March	19		
March	20		
March	21		
March	22		
March	23		
March	24		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
March	25		
March	26		
March	27		
March	28		
March	29		
March	30		
March	31		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: **\$** _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
April	1		
April	2		
April	3		
April	4		
April	5		
April	6		
April	7		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
April	8		
April	9		
April	10		
April	11		
April	12		
April	13		
April	14		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____ **Contract #:** _____
Staff Name: _____ **Title/Position:** _____
Hourly Rate: \$ _____ **Location:** _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
April	15		
April	16		
April	17		
April	18		
April	19		
April	20		
April	21		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
April	22		
April	23		
April	24		
April	25		
April	26		
April	27		
April	28		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
April	29		
April	30		
May	1		
May	2		
May	3		
May	4		
May	5		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
May	6		
May	7		
May	8		
May	9		
May	10		
May	11		
May	12		
Weekly Hours			

Total Weekly Hours _____ times Hourly Rate \$ _____ = Total Cost \$ _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____

Contract #: _____

Staff Name: _____

Title/Position: _____

Hourly Rate: \$ _____

Location: _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
May	13		
May	14		
May	15		
May	16		
May	17		
May	18		
May	19		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
May	20		
May	21		
May	22		
May	23		
May	24		
May	25		
May	26		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

NETWORK FOR A HEALTHY CALIFORNIA

Bi-Weekly Time Log

Contract Name: _____ **Contract #:** _____
Staff Name: _____ **Title/Position:** _____
Hourly Rate: \$ _____ **Location:** _____

Month/Day		Nutrition Education Hours	Physical Activity Hours
May	27		
May	28		
May	29		
May	30		
May	31		
June	1		
June	2		
Weekly Hours			

Month/Day		Nutrition Education Hours	Physical Activity Hours
June	3		
June	4		
June	5		
June	6		
June	7		
June	8		
June	9		
Weekly Hours			

Total Weekly Hours _____ **times Hourly Rate \$** _____ **= Total Cost \$** _____

Staff Signature: _____

Staff Date: _____

Supervisor Signature: _____

Supvr Date: _____

