

Non-WSU Cost-Share Personnel Quarterly Time Report

Time and Effort Certification for **hours worked specifically on Food \$ense**
(Food Stamp Nutrition Education) Pierce County

Name: _____

School: _____

Title/Position: Classroom Teacher

Month: April 2009

Day	Hrs Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
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19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	

Month's Total _____

Month: May 2009

Day	Hrs Worked
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	Holiday
26	
27	
28	
29	
30	
31	

Month's Total _____

Month: June 2009

Day	Hrs Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
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22	
23	
24	
25	
26	
27	
28	
29	
30	

Month's Total _____

QTR TOTAL

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Classroom Teacher's Signature & Date

Principal's Signature & Date

Instructions

- Record time that represents actual time spent on allowable activities specifically for Food \$ense. In an audit or review, you may be interviewed and asked to describe your time for Food \$ense. Including 1-2 words to describe the activity is encouraged.
- Record the time soon after the activity occurs for accuracy, preferably the same day.
- Do not sign blank time sheets and submit for another party to enter hours.
- Do not sign time sheets with hours predetermined and recorded by another party on your behalf.
- For fractions of hours, use decimals (.25 hr, etc.).