	All hours are in .25 increments								employe					
SAMPLE TIME AND ACTIVITY REPORT														
Name:	Sam Sm	nith		_				Pay Period No.						4
Title:	Bi-lingua	al Counsel	lor	-				Leave time is accounted for eriod:						2/10/24 - 2/23/24
Billing Codes for Activities														
Date	VOCA 1	VOCA 2	PCA-1	VAWA 1	DOE -1	DOE-2					Other	Leave Time	Leave Time Code	Total Hours
2/12/2024 2/13/2024	4	2	3 5					<u> </u>						7 7
2/13/2024	3.5	3.5	5	\vdash	<u> </u>	 	 	 	 	 	 			7
2/15/2024				2.25	2.25	2.5								7
2/16/2024 2/19/2024	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	7	7	V	7
2/19/2024	 	2.75	4.25	\vdash	<u> </u> 	<u> </u>	 		 	 	'	<u> </u>		7
2/21/2024	3	4		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			7
2/22/2024				2	2	3								7
2/23/2024	2		1	1								3	S	7
Total Hours	12.5	12.25	13.25	5.25	4.25	5.5	0	0	0	0	7	10		70
Total %	20.80%	20.40%	22.10%	8.80%	7.10%	9.20%	0.00%	0.00%	0.00%	0.00%	11.70%			100%
I certify that the Employee S					h			Data:	2/23/24	<u>l</u>				
Employee	Ignature		JUNIO .	mu	<u>u</u>	-		Date.	2,20,2		-			
Grant Progra VOCA 1 VOCA 2 DCA - 1 VAWA 1	<u>ams</u>	Activity define define define define	Codes		Holiday (Leave Time /Codes Holiday (H) Vacation (V) Sick (S)			yee signs					
DOE - 1		define												
DOE - 2 Other		define Non gran	nt suppor	ted activit	ïV						1			
Insert the dai	Other Non grant supported activity Insert the daily number of hours (in .25 hour increments) worked on each program/activity. Sign the time sheet at the end of each pay period, then submit a signed copy to your supervisor for signature. Name, Supervisor Date: 2/24/24													
*Leave Time	includes A	٩dministrat	ive, Sick, \	/acation, ŀ	lolidays, e⁴	tc.								