

## 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	1		
October	2		
October	3		
October	4		
October	5		
October	6		
October	7		
<b>Weekly Hours</b>			

Month/Day		Nutrition Education Hours	Physical Activity Hours
October	8		
October	9		
October	10		
October	11		
October	12		
October	13		
October	14		
<b>Weekly Hours</b>			

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

Staff Signature: \_\_\_\_\_

Staff Date: \_\_\_\_\_

Supervisor  
Signature: \_\_\_\_\_

Supvr Date: \_\_\_\_\_