

**Network for a Healthy California
QUARTERLY TIME STUDY REQUEST FORM**

Return this form to your *Network* Contract Manager by fax or mail

Date: _____ Contract #: _____

Contractor Name: _____

Contract Term: _____

Project Coordinator: _____ Phone: _____

- 1) Fill in the chart below. Indicate the month of each quarter you plan to sample for each year of your contract term. Please use the following guidelines when selecting the sampling months:
- The same month cannot be used each quarter. For example, the first month of each quarter cannot be used. Instead, the sample month should vary each quarter (e.g., the 1st month of 1st Qtr, 2nd month of 2nd Qtr, 3rd month of 3rd Qtr and 1st month of 4th Qtr would be acceptable if the months represent the quarters in which they fall.)
 - The sampling months should vary from year to year.
 - The month used for each quarter must be a valid representation of the entire quarter. Where this is not possible, you may opt to use a weekly time log for that quarter. In this case, write "weekly time log" in the box for that quarter.

Quarter	Year 1 (20XX - 20XX)	Year 2 (20XX - 20XX)	Year 3 (20XX - 20XX)
Qtr1 (Oct-Dec)			
Qtr2 (Jan-Mar)			
Qtr3 (Apr-June)			
Qtr4 (July-Sept)			

- 2) Please attach a list of the names and titles of staff members who will use the time study. Personnel listed should have fairly evenly distributed activities across the quarters you will sample. (Note: these names and titles should correspond with your budget justification.)

Signature of Project Coordinator

Date

Approved by:

_____ Signature of Authorized <i>Network</i> Staff	_____ Date