

**NETWORK FOR A HEALTHY CALIFORNIA**

**BI-WEEKLY TIME LOG  
AUTOMATED SYSTEMS REQUEST FORM**

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

DATE: \_\_\_\_\_ CONTRACT #: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

PROGRAM COORDINATOR: \_\_\_\_\_  
Name Phone#

IT CONTACT: \_\_\_\_\_  
Name Phone #

AUTOMATED SYSTEM DESCRIPTION:

Please provide a description of your Automated System, including # of staff, procedures for staff usage, supervisor review/approval, and capability to print bi-weekly time log copies for USDA and/or *Network* reviews/audits as requested.

Approved by:

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