

Weekly Time Study for Federal Financial Participation

Name: _____
 Job Title: _____
 Location: _____
 Time Base: _____

Time Study Period (Mo/Yr): _____
 Program A: _____
 Program B: _____
 Program C: _____
 Program D: _____
 Program E: _____
 Program F: _____

Total Hrs.

Date:	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	

Date:	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	

Date:	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	

Date:	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	

Date:	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	

Summary Information

Total Weekly Hours:

Function Code	Program						Allocated
	A	B	C	D	E	F	
1. Outreach							
2. SPMP Administrative Medical Case Management							
3. SPMP Intra/Interagency Coordination, Collaboration and Administration							
4. Non-SPMP Intra/Interagency Collaboration and Coordination							
5. Program Specific Administration							
6. SPMP Training							
7. Non-SPMP Training							
8. SPMP Program Planning and Policy Development							
9. Quality Management by Skilled Professional Medical Personnel							
10. Non-Program Specific General Administration							
11. Other Activities							
12. Paid Time Off							
Total Hours by Program:							

Total hours worked in all programs:
 (add totals of A through allocated)

I hereby certify that this is a true and accurate report of my time and that the functions were performed as shown above.

I hereby certify that the employee's time records have been examined and that, to the best of my knowledge, this time record is valid and correct and the functions were performed as shown above.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____