

Sample Employee Activity Report

Employee: _____

Department: _____

Time Period: _____

(Report actual time only.)

Site	Project	Activity	Day	MON	TUE	WED	THU	FRI	Weekly Totals	
			Date						(Regular)	(Overtime)
Supportive Services										
		Case Management								
		Substance Abuse Counseling								
		Housing Services								
		Employment Assistance								
		Other:								
Housing Operations										
		Housing Management								
		Other:								
HMIS										
Administration										
		Accounting								
		Audit								
		Other:								
Leave										
Ineligible Costs										
		Staff Meetings								
		Staff Training								
		Agency Duties								
		Other:								
Totals										

Employee: _____
Signature _____ Date _____

Supervisor: _____
Signature _____ Date _____