Community Services of Northeast Texas, Inc.
Time Allocation Sheet

Employee _____ Pay Period _____ To _____

Position _____ Location _____

Date															
Program/Activity	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	**Total**
CSBG															
CEAP - Admin															
CEAP - Case Management															
CEAP - Direct Services															
Head Start															
ETCOG															
DADS															
FEMA															
Total -- Hours Worked															
Personal Leave															
Birthday															
Paid Holiday															
Admin Leave															
Bereave Leave or Jury Duty															
Leave Without Pay															
TOTAL HOURS															

I Certify that this Information is True and Correct:

Employee's Signature:	Supervisor's Signature:	Reviewed By:

Revised 01/08/06