

Appendix A. Template 8: Sample Time and Effort Documentation OMB No. 0584-0083

Refer to Appendix E for instructions on time and effort documentation.

**Time and Effort Documentation for hours worked specifically on
Supplemental Nutrition Assistance Program Education**

Name _____ Location _____ Title/Position _____

Month:	
Day	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Monthly Total:	

Month:	
Day	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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24	
25	
26	
27	
28	
29	
30	
31	
Monthly Total:	

Month:	
Day	Hours Worked
1	
2	
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12	
13	
14	
15	
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21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Monthly Total:	

Employee signature & date: _____
 Supervisor signature & date: _____

Quarter Total: _____