BKS\bks
09/30/13
Activity Report-management

PROGRAM _____

SOUTH CENTRAL CHILD DEVELOPMENT, INC.
Management Activity Report

Name _____ **Position** _____

Mailing Address _____
Street Town State Zip

Month _____ Year _____

Date	(RT)	9951 (AL)	9952 (SL)	9953 (HL)	9955 (JS)	9956 (AD)	9957 (IW)	9959 (MI)	AWOP	(no dittoes) Description of daily work activities, travel, destination, trainings or other workshop activities.
TOTALS										**Total Hours**

AL/Annual Leave
SL/Sick Leave
HL/Holiday

PL/Personal Leave
JS/Jury Services
AD/Admin Leave

IW/Inclem Weather
SB/School Break
ML/ Medical Leave of absence
AWOP/Absent w/o Pay

I CERTIFY THAT THIS STATEMENT AND THE AMOUNTS RECORDED, ARE TRUE AND CORRECT AND ACCORDING TO PROJECT POLICIES, PROCEDURE & INSTRUCTIONS.

INSTRUCTIONS This form must be completed accurately and correctly
Thie form is due at the main office no later than 3 (three) working days from the end of each month.

_____
Employee Signature

_____
Supervisor Signature

ALL LEAVE MUST HAVE PRIOR APPROVAL BY EXECUTIVE DIRECTOR

Reset Form