

# Example of a Time Study

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ MONTH/YEAR: June 2013 TIME STUDY SHEET

CATEGORY - DATE	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
Administration																													
Quality Assurance																													
Vital Records																													
Animal Control																													
Environ. Health																													
Childhood Lead																													
Health Ed/H. Prom.																													
Adult Health/Pri. Care																													
Child Health																													
CC4C																													
Children's Spcial Needs																													
Communicable Disease																													
AIDS/HIV																													
STD																													
TB																													
Immunizations																													
Prep & Response																													
Comm. & Risk																													
Small Pox																													
Strat. Nat. Stockpile																													
Family Planning																													
TANF																													
Maternal Health																													
PCM																													
WIC - Administration																													
WIC - Breastfeeding																													
WIC - Client Services																													
WIC - Nutri Education																													
WIC - BFPC																													
TOTAL HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CATEGORY - DATE	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

CERTIFICATION: I do hereby swear or affirm that the statements provided on this form are true and correct and that my employer, Scotland County, is fully relieved from any further liability for the pay period once I have signed the hours recorded above.

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

ACCUMULATIVE LEAVE BALANCES:	BEGINNING BALANCE	USED FROM 1ST - 15TH	EARNED 1ST - 15TH	BALANCE AS OF 15TH	EARNED 16TH - 31ST	USED FROM 16TH - 31ST	ACCU BALANCE
ANNUAL LEAVE	0	0	0	0		0	
SICK LEAVE	0	0	0	0		0	
PETTY LEAVE	0	0		0		0	
COMPTIME/FLEX*	0	0	0	0	0	0	

**EARNED COMP TIME / FLEX TIME:**

Brought Forward:	0.00
CT Earned This Month: _____ x1.5	0.00
Straight CT/Flex Earned This Month:	
Less Comp./Flex Hrs. Taken This Month:	
Comp/Flex Hrs. Carried Forward:	0.00

(Must match accumulative leave balance)

SUPERVISOR'S CT APPROVAL: \_\_\_\_\_  
 \*Comp Time is earned by non-exempt employees with prior approval from their supervisor have completed a 40 hr. work week. Flex Time is earned by exempt employees with prior approval from their supervisor.

Approval of Health Director: \_\_\_\_\_