

# January 2012 Time/Mileage Sheet

Please return to office by 2/7/12



NAME \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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				

PLEASE USE THESE CODES TO LET US KNOW  
HOW TO ACCOUNT FOR YOUR TIME

- A – Administration
- T – Training/In-service
- X – Other (explain) \_\_\_\_\_
- B – Bereavement
- PC – Patient Care

TOTAL A _____	TOTAL HOURS _____
B _____	TOTAL MILEAGE _____
T _____	ENTERED BY _____
PC _____	
X _____	