

February 2010 Time/Mileage Sheet

Please return to office by 3/7/10



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 | | | | | | |

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 _____ | |
| PC _____ | |
| X _____ | ENTERED BY _____ |