



TIME/MILEAGE SHEET

February 2008

Please return to office by 3/07/08

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	

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 _____	