NUTRITION STAFF WEEKLY ACTIVITY RECORD

NUTRITION EDUCATION ASSISTANT **WEEK OF** **TO**

month/day **month/day**

	Hours Worked	Mileage/fares	Annual Leave	Sick Leave	Volunteer Hours	CONTACTS THIS WEEK	
						ADULTS	YOUTH
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL							

DATE	TIME	DAILY ACTIVITIES

Report/Hours _____ **Program Development Hours _____** ***RETAIN 6 YEARS***

Program Delivery Hours _____ **Travel/Hours _____** **Page 1 of _____**