

Time and Effort Documentation for hours worked specifically on Food Stamp Nutrition Education

Name _____

Location _____

Title _____

Month:	
Day	Hours Worked
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Month:	
Day	Hours Worked
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Month:	
Day	Hours Worked
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Month Total: _____

Month Total: _____

Month Total: _____

Employees signature/date: _____

Supervisor signature/date: _____

Quarter Total:
