Gulf Coast Social Services

Exempt Employee Activity Distribution Record (01/11)

Employee Name	Employee #	Region/Department	Week 1 Ending ____/____/____ Week 2 Ending ____/____/____

ACTIVITY HOURS

(Report total hours to the nearest 1/4 hour)

Program Name	Prog#	Total	WEEK 1 S	M	T	W	T	F	S	WEEK 2 S	M	T	W	T	F	S
Total Service Activities																

Program #						Total	BENEFIT HOURS												
Holiday																			
Vacation																			
Personal																			
Sick																			
Other (Explain)																			
Total Benefit Activities																			
TOTAL HOURS																			

The hours recorded above are true and correct, and I understand that falsification of those hours can result in termination of my employment and possible prosecution for fraud under federal or state statutes.

Employee's Signature **Date** **Supervisor's Approval** **Date**