

WVCADV Grant Accounting and Functional Activity Timesheet

Name: _____

Payroll Period: _____

Grants/Sources and Functional Activity	23	24	25	26	27	28	29	30	1	2	3	4	5	6	Total Hours	% Time On Grant	% of Time for FY
DHHS.FVPSA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	45%
Grant Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Committee Work	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Public Awareness	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Technical Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Direct Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Administrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
OVW Encourage Arrest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Grant Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	18%
Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Committee Work	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Public Awareness	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Technical Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Direct Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Administrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
DHHR STATE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Grant Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	21%
Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Committee Work	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Public Awareness	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Technical Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Direct Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Administrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Claude Benedum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Grant Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	16%
Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Committee Work	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Public Awareness	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Technical Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Direct Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Administrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Policy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
General Funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Hours Worked	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	0%
Vacation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Holiday	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Sick	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Personal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Hours	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

Please indicate activities and grant which caused hours to be over 70.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

If changing use of leave time due to additional hours in next pay period please sign/date and obtain supervisor signature

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Type of Leave	Beg Balance	Accrued (this P/P)	Used	Ending Balance
Vacation		-	-	-
Holiday		-	-	-
Sick		-	-	-
Personal		-	-	-
Bereavement 35 hrs/Jury Duty		-	-	-