

TIME DISTRIBUTION RECORD

School _____

Specialist Name _____

Month _____

PROGRAM	JAG	OTHER PROGRAMS	TOTAL HOURS WORKED
DAY 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			
30			
31			
TOTAL			

PROGRAM NAME

HOURS

PERCENT

Employee's Signature Date

JAG _____

OTHER PROGRAMS _____

GRAND TOTAL

100%

Supervisor's Signature Date