

Community Outreach Worker Time Sheet

Name of Worker _____

Worker ID: _____

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:	Sunday Date:
Start time							
End time							
Minus Lunch Time							
Total hours worked							
<u>Service</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>
Direct contact with client in Field							
Direct contact with client VCT related							
Direct contact with client Medical related							
Direct contact with client at Drop in Center (ORP)							
Providing Clt Assessment/Counseling at DIC							
Work Related Travel							
Staff meetings							
Support meetings							
Receiving Supervision (one-on-one or group)							
Providing Supervision (Supervisors only)							
Searching for clients							
Assessing community needs							
Receiving Training							
Providing Training							
Community Education							
Paperwork							
Data entry							
Drop in Center (For coverage only, no activities)							
Public Holiday							
Approved Sick Leave By: _____							
Approved Leave, Unpaid By: _____							
Other, Specify _____							
Other, Specify _____							
Total time							