

## Watershed Grants Program

## **Time Tracking**

Recipient									
Organization:									
Individual Name:					Rate:				
Signature:					Date:				
Supervisors Signature:					Date:				
Instructions:									
Time sheets shall do	cument all pers	onnel costs	s dedicated	to the ope	erational v	work desc	cribed in t	he proposal.	
• All individuals whose time/salaries are being counted towards the grant shall complete this form on a									
weekly basis.*									
<ul> <li>Record the number of hours spent on the grant tasks on the time sheet.</li> </ul>									
• After both the individual and supervisor sign the form, submit to the NEORSD Watershed Grants									
Program administrator with the quarterly reports.									
Week Number:			Date:						
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Week Number:	Date:							
ACTIVITY	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
TOTAL HOURS:								

<sup>\*</sup>If your organization has a time card tracking system which provides the same information as requested by this form, the District may accept those forms. Please discuss this option with the Watershed Grants Program administrator.