Kings Community Action Organization

ACTIVITY REPORT | **"EMPLOYMENT AT KCAO, INC., IS EMPLOYMENT AT-WILL"** | **EXEMPT EMPLOYEE**

*** * * Please Print * * ***

LAST NAME: DOE **FIRST NAME:** JANE **PAY PERIOD:** **From** 03/23/08

POSITION: WORKER I **DEPARTMENT:** ADMIN **To** 04/05/08

Program Acct Code	Activity Code	SUN 23-Mar	MON 24-Mar	TUE 25-Mar	WED 26-Mar	THU 27-Mar	FRI 28-Mar	SAT 29-Mar	SUN 30-Mar	MON 31-Mar	TUE 1-Apr	WED 2-Apr	THU 3-Apr	FRI 4-Apr	SAT 5-Apr	TOTAL	%
10-120-10	A		8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00		72.00	100%
																-	0%
																-	0%
																-	0%
																-	0%
																-	0%
																-	0%
Vacation																-	N/A
Sick																-	N/A
Holiday										8.00						8.00	N/A
Other - Specify: (_____)																-	N/A
Leave w/o Pay (Not included in total)																N/A	N/A
TOTAL HOURS		-	8.00	8.00	8.00	8.00	8.00	-	-	8.00	8.00	8.00	8.00	8.00	-	80.00	100%

I CERTIFY THAT THIS INFORMATION IS CORRECT:

Employee Signature: _____ Supervisor's Signature: _____ Program Director's Signature: _____

Date: _____ Date: _____ Date: _____

Activity Codes:

A - Program Admin/Support/Planning
B - Grant Proposals/Reports
C - Personnel/Staff Development
D - Budget/Finance/Purchasing
E - Client Services
F - Outreach/Home Visits
G - Meetings
H - Cleaning/Organizing
I - Teaching
J - Transportation
K - Food Services
L - Other (_____)