



# MISSOURI VALLEY COMMUNITY ACTION AGENCY ACTIVITY REPORT

EXEMPT EMPLOYEE

NAME	PAY PERIOD					TO				
	M	T	W	TH	F	M	T	W	TH	F
PROGRAMS										
INDIRECT COST										
JTPA										
ENERGY										
CSBG										
ADULT LITERACY										
HEAD START										
HOUSING										
ECIP										
HOLIDAY										
ANNUAL LEAVE										
SICK LEAVE										
ADMINISTRATIVE LEAVE										
LEAVE W/O PAY										
<b>TOTAL HRS. PAID</b>										

MILEAGE	
S/L CONVERT TO A/L	

THIS TIME SHEET IS ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION ON THIS TIME SHEET IS REASON FOR DISMISSAL.

DATE PAID	CHECK NUMBER
EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE