STAFF HOUR ALLOCATION FORM

NAME: _____ **YEAR:** _____

START DATE: _____ **END DATE:** _____

DATE	STREAM	DUTY	A/C	NO. HOURS	DATE	STREAM	DUTY	A/C	NO. HOURS

DUTIES = **GB–**Granular Bayluscide **PRE–**Pre-Treatment **AN–**Analysis **SEC–**Secondaries **AP–**Applications **SU–**Supervision

ACTIVITY CODES (A/C) = **R–**Regular Hours **O–**Overtime **S–**Shop **T–**Travel **L–**Leave **N–**Non-Treatment Duties **TR–**Training **PO–**Public Outreach **M/C–**Meeting/Conference

NOTES: **1)** One Activity Code Per Row **2)** Overtime Starts After 7.5 Hr. Shift **3)** Rain Delays Are Designated As Shop Time