

**WorkAbility III Certified Time Allocation  
2013-14 DOR Cooperative Agreement  
ADMIN/SUPERVISORS**

Name: \_\_\_\_\_

Month: \_\_\_\_\_

**TOTAL MONTHLY CERT. TIME HOURS:** \_\_\_\_\_

**A. Total possible work hours this month:** \_\_\_\_\_

**B. Total # hours absent for the month (sick leave, vacation, & personal business):** \_\_\_\_\_

**TOTAL HOURS WORKED (Line A minus line B):** \_\_\_\_\_

**Program Related Activities:**

**A =** Direction to Coop. Certified Staff

**D =** Contact with DOR

**B =** Direction/Discussion with WAIII Staff

**E =** WAIII Budget/Monthly updates

**C =** Represents WAIII to DSPS/ SDCCD Staff

**F =** Monthly Certified Time Reporting (cert log)

Hour	7 am	8	9	10	11	12	1	2	3	4	5	6	7	8	9	Total
Day																
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_