

Grant Personnel Activity Report

INSTRUCTIONS: Enter % of salary assigned to each grant and grant #. Enter hours worked in hourly increments. Enter total time worked for each day in the appropriate column. For all hours worked, enter each grant # and the description of work activity. When sick leave, vacation leave, or holiday leave is taken, enter the number of hours taken in the appropriate day column. By signing the Grant Personnel Activity Report, you are certifying the report to be correct.

Agency Name: _____ CASA Program _____ Employee Name: _____ Month / Year: _____

Grant #	Grant #	Grant #
% Assigned	% Assigned	% Assigned

Grant #	Description of Work Activity	Day of the Month																															Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	VOCA activities																																
	Volunteer Supervision																																0
	Conference/Training																																0
	Education Advocacy																																0
	Medical Advocacy																																0
	Visits to Child/Foster Family/Relatives																																0
	Permanent Placement Research																																0
	Victims' Compensation Claims Assistance																																0
	Supervision with CASA staff																																0
	VOCA administrative duties/documentation																																0
	Documentation (related to Direct Services)																																0
	Vacation																																0
	Sick Leave																																0
	Holiday																																0
																																	0
	Non-VOCA activities																																
	Staff Supervision																																0
	Administrative tasks																																0
	Court Reports																																0
	Fundraising																																0
	Vacation																																0
	Sick Leave																																0
	Holiday																																0
																																	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Employee / Volunteer Signature _____

Certified Correct

Supervisor
Signature

Certified Correct

