

WIC Time Study Report

Employee: _____ Job Title: _____ Month/Year: _____

Fill in the dates for the time report in the **list hours for** row.

List hours for:	Dates included in report																															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			
Client services																																		
Nutrition education																																		
Breastfeeding																																		
Administration																																		
WIC functional category time																																		
Other time charged to WIC																																		
Total time charged to WIC																																		

Calculate and record the percentage of time spent in each cost category:

- % Client Services
- % Nutrition Education
- % Breastfeeding
- % Administration

I hereby certify that the number of hours worked and shown above are true and correct to the best of my knowledge.

Employee signature and date

Supervisor or authorized personnel signature and date
IOWA WIC PROGRAM

Check one:

SIGNED STATEMENT

I hereby certify that I work in multiple programs and _____% of my time is worked in this WIC cost category:_____.

Employee signature and date

Supervisor or authorized personnel signature and date