

## **315.43a**

# **WIC Time Study Report**

## **Overview**

---

**Introduction**      A copy of the WIC Time Study Report is printed on the following page.

---



**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																																	
<b>WIC functional category time</b>																																	
<b>Other time charged to WIC</b>																																	
<b>Total time charged to WIC</b>																																	

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