

Note: THIS IS ONLY FOR EXAMPLE PURPOSES.

RECOVERY FUNDED POSITION

DAILY TIME RECORD

• Mock Time Sheet •

For EACH EMPLOYEE/CONTRACTOR complete a separate Daily Time Record, listing only the hours paid by this Recovery Act grant, and fax to your DCJ grant manager at (303)239-4491 by the 25<sup>th</sup> of each month. Record actual hours worked/paid leave, up to the date you submit the Daily Time Record, and estimate the work hours for the remaining days in the month. Add an "E" after estimated hours. Add "PL" after paid holiday, sick, vacation hours. See example on reverse side.

Subgrantee: <i>Arapahoe County</i>	Grant #: <i>Example 01</i>
Contractor Name (if applicable): <i>N/A</i>	

Name of individual paid by Recovery Funds:		Title:		Month and Year:	
<i>John Doe</i>		<i>Construction Mgr.</i>		<i>Dec 2009</i>	
Date of the Month	Hours Paid by Recovery Funds (includes recovery paid leave)	Date of the Month	Hours Paid by Recovery Funds (includes recovery paid leave)	<i>Note: ARRA funds were only used to pay hrs worked in Dec 2009.</i>  <i>(paid holiday) PL</i>  <i>184 / 520</i>	
1	8	17	8		
2	8	18	8		
3	8	19	0		
4	8	20	0		
5	0	21	8		
6	0	22	8		
7	8	23	8		
8	8	24	8		
9	8	25	8		
10	8	26	0		
11	8	27	0		
12	0	28	8		
13	0	29	8		
14	8	30	8		
15	8	31	8		
16	8	<b>Total # Hours Paid by Recovery Funds</b>		<i>184</i>	

Are the estimated hours submitted in your last month's Daily Time Record for this position correct?

Yes  No. If no, please correct and resubmit the prior month's Daily Time Record with actual corrected hours, and write "Revised" on the form. Submit along with this form by the 25<sup>th</sup> of each month.

*= .35 FTE*

CERTIFIED AND SUBMITTED AS TRUE AND CORRECT

Individual Paid by JAG Recovery Funds Signature

Date

Project Director's Signature

Date