State of California
California Department of Food and Agriculture
The Office Of Environmental Farming & Innovation

TIME & ACTIVITY REPORT

STAFF NAME:	TITLE:	PROJECT NUMBER:

REPORTING PERIOD (Month):		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		TOTAL
																																		0
																																		0
																																		0
																																		0
																																		0
																																		0
																																		TOTAL 0

DESCRIPTION OF ACTIVITIES FOR EACH PERIOD:

Reporting Period (Month)			
Activities completed per SOW: i.e. Solicitation, invoicing, reporting, verification, etc.			

I certify that the hours idenfied above are accurate and valid.

STAFF SIGNATURE _____ DATE _____

☐ APPROVED

☐ DISAPPROVED SIGNATURE OF SUPERVISOR _____ DATE _____

Hourly Rate: _____

Fringe Benefits Rate: 0.00%

Instructions:

1. Time and Activity Reports must be maintained for all employees whose time is charged against a grant, including hourly and salaried employees.
2. Time and Activity Report must contain employee's name, title, reporting period, and must be signed by both the employee and the supervisor.
3. Provide a description of the activities completed during each reporting period associated with project implementation. Description should be consistent with the approved Scope of Work (SOW) and timeline.

Reporting Period Total Salary: $ 0.00
Reporting Period Total Fringe Benefits: $ 0.00