CERTIFIED TIME ALLOCATION FOR <u>2013-14</u> DOR COOPERATIVE AGREEMENT Counselors/Instructors

| Staff Name: | Month/Ye | ear: |
|---|------------------|---|
| 1) Total possible work hours this month = | Staff S | Signature: Date: |
| 2) Total hours absent due to sick leave, vacation, etc = S | Supervisor S | Signature: Date: |
| Total hours worked this month (line 1 minus line 2) = | Total Mon | thly Cert Time Hours = |
| A = Vocational counseling – DOR client/student B= Referral to DOR C= Referral to WorkAbility (WA) D= Intake – DOR client/student E= Meetings (DOR/WA and/or staff) F= Telephone and/or email contact (DOR/WA staff/client/student) G= Community outreach for/with DOR client/student H= Assist client/student with DOR services (books, IPE, Ed Plan, et al., |) N= O= | Assist DOR/WA client/student with SDCCD services (DOR and/or WA) Vocational Exploration/Skill Appraisal Class instruction with DOR client/student (O.O. or other related courses) Curriculum development for DOR client/student Disability/Eligibility verification Scheduling Interpreting Services for DOR client/student Other Monthly Certified Time reporting (Cert Log) |

| Student Name | Date mm/dd | D.O.R. Yes = √ | D.O.R. I.P. = √ | Time Spent | Job Code | Student Name | Date mm/dd | D.O.R. Yes = √ | D.O.R. I.P. = √ | Time Spent | Job Code |
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