

# Crossroads of America Council After School Program Program Leader Timesheet

(Print all information clearly and legibly)

Name: \_\_\_\_\_

List of current units this pay cycle:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

OFFICE USE ONLY	
Month / Year:	_____
Pay Period Dates:	<input type="checkbox"/> 1st-15th <input type="checkbox"/> 16th-31st
Total Hours This Pay Period:	_____
Project Code 900 (AS-A&B):	_____
Project Code 903 (AS-H):	_____
Project Code 906 (AAI):	_____
Project Code 893 (LI):	_____
Mileage Stipend / # of Locations:	_____
Office Use:	_____
	Hours Paid    Mileage Paid

The council understands some months will require more time and some less – depending on the number of Scout outings scheduled. Program Leaders must manage their time to ensure a quality Scout program is provided to all assigned units. **List all times in 15 minute increments (i.e. 15 minutes = .25 hours, 30 minutes = .50 hours, 45 minutes = .75 hours, 60 minutes = 1 hour.) Example: 3 hours and 30 minutes would be 3.5 hours.**

## Pack, Troop and Crew Meetings

	Date: (Day & Date)	Pack/Troop/ Crew # (P## or T##)	Meeting Time	# Scouts Attended	Program Syllabus Wk #	Documentation Completed	Activity Description
EX	Tues – 22	P123	3	23	Week 28 or 29	<input checked="" type="checkbox"/>	Knots
1.						<input type="checkbox"/>	
2.						<input type="checkbox"/>	
3.						<input type="checkbox"/>	
4.						<input type="checkbox"/>	
5.						<input type="checkbox"/>	
6.						<input type="checkbox"/>	
7.						<input type="checkbox"/>	
8.						<input type="checkbox"/>	
9.						<input type="checkbox"/>	
10.						<input type="checkbox"/>	
11.						<input type="checkbox"/>	
12.						<input type="checkbox"/>	
13.						<input type="checkbox"/>	
14.						<input type="checkbox"/>	
15.						<input type="checkbox"/>	
		<b>Total Hours:</b>					

**This side is for time in units with scouts**

## Program Leader Roundtables or Trainings

	Date: (Day & Date)	Meeting or Training Time	Roundtable or Training	Meeting or Training Description
EX	Mon - 21	2.0	Training	CPR and First Aid Training at Camp Belzer
1.				
2.				
3.				
4.				
5.				
	<b>Total Hours</b>			

## Recruiting Events, Field Trips, Outings, or Campouts

	Date(s) (Day & Date)	Pack/Troop # (P## or T##)	Prep Time	Activity Time	# Scouts Attending	Activity
EX	Thurs - 24	P 123	0.25	3	17	Children's Museum
1.						
2.						
3.						
4.						
5.						
		<b>Total Hours</b>				

## Parental Support

(List parents by name that participated in meetings or activities)

	Meeting (Day & Date)	Unit	Parent's Name	Phone Number	Parent's Name	Phone Number
EX	Wed - 23	P 123	Beth Smith	555-1234	Emily Green	555-9876
1.						
2.						
3.						
4.						
5.						

\_\_\_\_\_  
Program Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Leader Signature

\_\_\_\_\_  
Date

**This side is for time with adults only**