# STAFF HOUR ALLOCATION FORM

**NAME:** 

**YEAR:** 

**START DATE:** 

**END DATE:** 

<table>
<thead>
<tr>
<th>DATE</th>
<th>STREAM</th>
<th>DUTY</th>
<th>A/C</th>
<th>NO. HOURS</th>
<th>DATE</th>
<th>STREAM</th>
<th>DUTY</th>
<th>A/C</th>
<th>NO. HOURS</th>
</tr>
</thead>
</table>

**DUTIES =**
- GB - Granular Baylusicide
- PRE - Pre-Treatment
- AN - Analysis
- SEC - Secondaries
- AP - Applications
- SU - Supervision

**ACTIVITY CODES (A/C) =**
- R - Regular Hours
- O - Overtime
- S - Shop
- T - Travel
- L - Leave
- N - Non-Treatment Duties
- TR - Training
- PO - Public Outreach
- M/C - Meeting/Conference

**NOTES:**
1. One Activity Code Per Row
2. Overtime Starts After 7.5 Hr. Shift
3. Rain Delays Are Designated As Shop Time