# Employee Time Study Sheet

NAME

Classification

MONTH/YR

Full Time ☐
Part Time ☐

| 31 | 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 | 1 | Time Study Code | TSC | HOURS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | General Admin RBS Support Staff | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RBS Support Staff | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Residential | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | IV-E Administration | 001 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | IV-E Maint./Supervision | 002 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non IV-E Eligible Activities | 003 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Community | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | IV-E Administration | 004 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | IV-E Maint./Supervision | 005 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non IV-E Eligible Activities | 006 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other Programs | 007 | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Non- Allocable Hours** | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Allocable - General Activities | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Annual Leave/Vacation | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sick Leave (Self/Family) | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Holiday | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Holiday Informal Time | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Personal Holiday | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Personal Leave Day | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Excess Hours Used | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Jury Duty | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Administrative Time Off | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Compensating Time Off | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bereavement Leave | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dock | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Overtime/CTO Earned** | | **0.00** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **Total Hours Worked** | | **0.00** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **Total Hours Leave** | | **0.00** |

**RECONCILIATION**

| | |
|---|---|
| **Total Hours Worked** | 0.00 |
| **Total Hours Leave** | 0.00 |
| **Overtime/CTO Hours Earned** | 0 |
| **Monthly Hours Total** | 0.00 |

**Time Study sheets are due at the end of the month.**

EMPLOYEE SIGNATURE ▶ DATE

SUPERVISOR SIGNATURE ▶ DATE

# RBS Time Study Summary and Title IV-E Percentage Determination

Provider:

Month:

| Employee Name/Number | | EE A | EE B | EE C | EE D | EE E | EE F | EE G | EE H | EE I | EE J | EE K | EE L | EE M | EE N | EE O | EE P | EE Q | EE R | EE S | EE T | EE U | EE V | EE W | EE X | EE Y | EE Z | GRAND TOTAL | Code | Total Residential Hours | Total Community Hours | Total Other Hours | Total Non-Allocable Hours | Distribution of Support Staff Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Allocable Hours** | **Time Study Code** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Admin RBS Support Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBS Support Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | | |
| Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV-E Administration | 001 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 001 | 0 | | | | #DIV/0! |
| IV-E Maint./Supervision | 002 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 002 | 0 | | | | #DIV/0! |
| Non IV-E Eligible Activities | 003 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 003 | 0 | | | | #DIV/0! |
| Community | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV-E Administration | 004 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 004 | | 0 | | | #DIV/0! |
| IV-E Maint./Supervision | 005 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 005 | | 0 | | | #DIV/0! |
| Non IV-E Eligible Activities | 006 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 006 | | 0 | | | #DIV/0! |
| Other Programs | 007 | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 007 | | | 0 | | #DIV/0! |
| Total Allocable Base Hours | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | | | | | |
| **Non- Allocable Hours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Allocable - General Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Annual Leave/Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Sick Leave (Self/Family) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Holiday Informal Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Personal Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Personal Leave Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Excess Hours Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Jury Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Administrative Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Compensating Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Bereavement Leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Dock | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | 0 | |
| Total Non-Allocable plus Leave Hours | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | | | | | |
| **Total Hours Worked (exclude O/T)** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | 0 | | | | | | |
| **Overtime/CTO Earned** | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | | |
| **Total Hours for the Month (with Non-Allocable, Leave & O/T)** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Allcoable Hours by Component | | #DIV/0! | #DIV/0! | #DIV/0! | 0 | #DIV/0! |

| | | |
|---|---|---|
| Non-IV E Hours | #DIV/0! | #DIV/0! |
| IV-E Eligible Hrs | #DIV/0! | #DIV/0! |
| **IV-E Allowable Percentage** | **#DIV/0!** | **#DIV/0!** |

Completed By: _____ Date: _____

# RBS Quarterly Time Summary and Annual Title IV-E Allowability Factor Determination

**County:**
**Provider:**
**Year**

| | | Total Residential Hours | | Total Community Hours | Percentages: Residential: | Percentages: Community: |
|---|---|---|---|---|---|---|
| **Quarter 1:** | Total Hours by Component | | | | #DIV/0! | #DIV/0! |
| | Non IV-E Hours | | | | #DIV/0! | #DIV/0! |
| | IV-E Eligible Hrs | 0 | | 0 | #DIV/0! | #DIV/0! |
| | **IV-E Allowable Percentage** | **#DIV/0!** | | **#DIV/0!** | | |
| **Quarter 2:** | Total Hours by Component | | | | #DIV/0! | #DIV/0! |
| | Non IV-E Hours | | | | #DIV/0! | #DIV/0! |
| | IV-E Eligible Hrs | 0 | | 0 | #DIV/0! | #DIV/0! |
| | **IV-E Allowable Percentage** | **#DIV/0!** | | **#DIV/0!** | | |
| **Quarter 3:** | Total Hours by Component | | | | #DIV/0! | #DIV/0! |
| | Non IV-E Hours | | | | #DIV/0! | #DIV/0! |
| | IV-E Eligible Hrs | 0 | | 0 | #DIV/0! | #DIV/0! |
| | **IV-E Allowable Percentage** | **#DIV/0!** | | **#DIV/0!** | | |
| **Quarter 4:** | Total Hours by Component | | | | #DIV/0! | #DIV/0! |
| | Non IV-E Hours | | | | #DIV/0! | #DIV/0! |
| | IV-E Eligible Hrs | 0 | | 0 | #DIV/0! | #DIV/0! |
| | **IV-E Allowable Percentage** | **#DIV/0!** | | **#DIV/0!** | | |
| **Total for the Year:** | Total Hours by Component | 0 | | 0 | #DIV/0! | #DIV/0! |
| | Non IV-E Hours | 0 | | 0 | #DIV/0! | #DIV/0! |
| | IV-E Eligible Hrs | 0 | | 0 | #DIV/0! | #DIV/0! |
| | **Annual IV-E Allowable Percentage** | **#DIV/0!** | | **#DIV/0!** | | |

Completed By: _____ Date: _____