NDMS Time Documentation for Work Plan Issues

Team ID: NM-1				***Date Submitted:***						***SS#***							
LAST		***FIRST***		***M.I.***						***GS RATING:***	GS-						
Address		***City***				***State***											
	Zip Code																
Start date		***END DATE***				***Pay Period #***											
Funding #	**List completed tasks**	**Sun**	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Total Hrs**	
	Total	*	*	*	*	*	*	*	*	*	*	*	*	*	*		

Team Member		**Team AO/Team Leader**	**NDMS Program Manager:**
Signature		Signature	Signature
Date:		**Approved: YES or NO**	**Approved: YES or NO**
		Date:	**Date:**