# SAMPLE PERSONAL WEEKLY ACTIVITY REPORT

Name: Mary Smith
Department: Emergency Management Office

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Period of: 1/1/20XX to 1/14/20XX

| Program/Cost Objective | Monday | Tuesday | Wednesday | Thursday |
|---|---|---|---|---|
| UASI 07 | 3.25 | 2 | 0 | 3 |
| UASI 08 | 0 | 1.75 | 3.5 | 1.5 |
| LETPP 09 | 1 | 0.5 | 2 | 0 |
| BZPP 10 | 0.25 | 0.5 | 0.5 | 0 |
| SLHD 09 | 0 | 0.25 | 0 | 0 |
| Local Municipality Programs | 3 | 2.5 | 1.5 | 3 |
| Sick | 0 | 0 | 0 | 0 |
| Vacation | 0 | 0 | 0 | 0 |
| Total Hours Worked | 7.5 | 7.5 | 7.5 | 7.5 |

I certify that I worked on the programs identified above for the time period indicated.

Signature

Date