

<b>Exhibit 3A – Labor Activity Report - Example</b>
<b>RFGA NO. ADHS17-00007055</b>

Agency: \_\_\_\_\_

Pay Period:      From: \_\_\_\_\_ To: \_\_\_\_\_      Payday: \_\_\_\_\_

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

Description of work activities	Amount	Fund	%	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Total
Counseling, outreach		FVPSA			4	4	3	2	8			1	5	4	6	2		39
																		0.00
																		0.00
																		0.00
<b>Total hours worked</b>			<b>0%</b>	<b>0.00</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>0.00</b>	<b>0.00</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>0.00</b>	<b>39</b>
Annual leave																		
Sick leave																		
Holiday																		
Comp. time used																		
<b>Pay period totals</b>				<b>0.00</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>0.00</b>	<b>0.00</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>0.00</b>	<b>39</b>

I certify that the hours above represent, to the best of my knowledge an accurate record of the time that I have devoted to the identified programs and/or activities as per agency policies and procedures.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date