

PCAP
Weekly Advocate Time Summary

Agency Name: _____

Site Name: _____

Advocate #: _____

Date: ____ / ____ / _____

*Code all time fields in decimal format.
 Use leading 0's where applicable.*

**DECIMAL CONVERSION
 CHART**

15 minutes = .25
 30 minutes = .50
 45 minutes = .75
 1 hour = 1.00

Week beginning: ____ / ____ / _____

Time spent with clients:

*These 3 columns should add up to ALL time spent WITH
 client this week (in person and on the phone)*

1	A. FAMILY ID	B. # VISITS PER WEEK	C. FACE TO FACE TIME	D. TRANSPORTING TIME (OF CLIENT)	E. PHONE CALLS WITH CLIENT	F. OTHER TIME SPENT ON BEHALF OF CLIENT <small>(TOTAL TIME WITH EXTENDED NETWORK, AGENCIES, CORRESPONDENCE)</small> BRIEFLY NOTE WHAT BELOW AND AMOUNT OF TIME TO RIGHT	G. for OTHER	H. TOTAL FOR CLIENT
1	_____	___	____.____	____.____	____.____		____.____	____.____
2	_____	___	____.____	____.____	____.____		____.____	____.____
3	_____	___	____.____	____.____	____.____		____.____	____.____
4	_____	___	____.____	____.____	____.____		____.____	____.____
5	_____	___	____.____	____.____	____.____		____.____	____.____
6	_____	___	____.____	____.____	____.____		____.____	____.____
7	_____	___	____.____	____.____	____.____		____.____	____.____
8	_____	___	____.____	____.____	____.____		____.____	____.____
9	_____	___	____.____	____.____	____.____		____.____	____.____
10	_____	___	____.____	____.____	____.____		____.____	____.____
11	_____	___	____.____	____.____	____.____		____.____	____.____
12	_____	___	____.____	____.____	____.____		____.____	____.____
13	_____	___	____.____	____.____	____.____		____.____	____.____
14	_____	___	____.____	____.____	____.____		____.____	____.____
15	_____	___	____.____	____.____	____.____		____.____	____.____
16	_____	___	____.____	____.____	____.____		____.____	____.____
17	_____	___	____.____	____.____	____.____		____.____	____.____
18	_____	___	____.____	____.____	____.____		____.____	____.____
19	_____	___	____.____	____.____	____.____		____.____	____.____
20	_____	___	____.____	____.____	____.____		____.____	____.____

21a. Supervision time—Face to Face:	____.____
21b. Supervision time—Telephone:	____.____
22. Staff meeting/retreat:	____.____
23. Time spent doing paperwork:	____.____
24. Transportation time (as part of job; not with client, not to & from work):	____.____
25. Informal consultation (specify with who and about what on next page):	____.____
26. Community meetings (specify name on next page):	____.____
27a. Trainings given (specify name, location, date on next page):	____.____
27b. Trainings received (specify name, location, date on next page):	____.____
28. Other (specify what on next page):	____.____
29. TOTAL: Number of hours worked this week	____.____

Advocate #: _____

Date: ___ / ___ / _____

DETAILS ABOUT OTHER ACTIVITIES:

25. Informal consultation:
With who: _____
About what: _____

26. Community meetings:
Name: _____

27a. Trainings given:
Name: _____
Location: _____
Date: _____

27b. Trainings received:
Name: _____
Location: _____
Date: _____

28. Other:
What? _____

SUMMARY & FLEX TIME RECORD

30a. Number hours actually worked this week (from Row 29)	____ . ____
30b. Sick hours claimed this week	____ . ____
30c. Vacation/Holiday hours claimed this week	____ . ____
31. TOTAL:	____ . ____
32. Number hours you are contracted to work each week <small>This number will not change, it is the number of hours you were hired to work each week; e.g., if you are full-time, enter "40.00."</small>	____ . ____

Be sure that Rows 30a+30b+30c = Row 31

Advocate's Signature Date

Supervisor's Signature Date