

Southern Arkansas University Tech Walking Journal

Employee Name: _____

Title: _____ Department: _____

Month: _____

| Date | Start | End | Minutes | Date | Start | End | Minutes |
|------------------------|-------|-----|---------|------|-------|-----|---------|
| 1 | | | | 16 | | | |
| 2 | | | | 17 | | | |
| 3 | | | | 18 | | | |
| 4 | | | | 19 | | | |
| 5 | | | | 20 | | | |
| 6 | | | | 21 | | | |
| 7 | | | | 22 | | | |
| 8 | | | | 23 | | | |
| 9 | | | | 24 | | | |
| 10 | | | | 25 | | | |
| 11 | | | | 26 | | | |
| 12 | | | | 27 | | | |
| 13 | | | | 28 | | | |
| 14 | | | | 29 | | | |
| 15 | | | | 30 | | | |
| | | | | 31 | | | |
| Sub Total | | | | | | | |
| Total for Month | | | | | | | |

Signature (Employee)

Date

Signature (Supervisor)

Date