

Southern Arkansas University Tech Wellness Activity Journal

Employee Name: _____

Title: _____ Department: _____

Month: _____

Date	Start	End	Minutes	Activity	Date	Start	End	Minutes	Activity
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