

Provisionally Employed Staff Monitoring Log for CCCBC

Name of Provisionally Employed Staff Member and Title: _____

Work Schedule: _____

Designated Monitoring Staff Member and Title: _____

Date: _____

*Please indicate starting time.

Time	Signature of Designated Monitor
12:00 – 12:30 a.m.	
12:30 – 1:00 a.m.	
1:00 – 1:30 a.m.	
1:30 – 2:00 a.m.	
2:00 – 2:30 a.m.	
2:30 – 3:00 a.m.	
3:00 – 3:30 a.m.	
3:30 – 4:00 a.m.	
4:00 – 4:30 a.m.	
4:30 – 5:00 a.m.	
5:00 – 5:30 a.m.	
5:30 – 6:00 a.m.	
6:00 – 6:30 a.m.	
6:30 – 7:00 a.m.	
7:00 – 7:30 a.m.	
7:30 – 8:00 a.m.	
8:00 – 8:30 a.m.	
8:30 – 9:00 a.m.	
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	

Time	Signature of Designated Monitor
12:00 – 12:30 p.m.	
12:30 – 1:00 p.m.	
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	
4:30 – 5:00 p.m.	
5:00 – 5:30 p.m.	
5:30 – 6:00 p.m.	
6:00 – 6:30 p.m.	
6:30 – 7:00 p.m.	
7:00 – 7:30 p.m.	
7:30 – 8:00 p.m.	
8:00 – 8:30 p.m.	
8:30 – 9:00 p.m.	
9:00 – 9:30 p.m.	
9:30 – 10:00 p.m.	
10:00 – 10:30 p.m.	
10:30 – 11:00 p.m.	
11:00 – 11:30 p.m.	
11:30 – 12:00 a.m.	

By signing above, I certify that I performed a visual observation at the times noted.