



## Non-Billable Time Allocation

Employee (Print): \_\_\_\_\_ ADP Employee ID #: \_\_\_\_\_

Date Performed Work: \_\_\_\_\_ Home Branch: \_\_\_\_\_ Total Hours: \_\_\_\_\_

<b>SHOP- NBL</b>	<input type="checkbox"/> Work on Equip <input type="checkbox"/> Clean Shop <input type="checkbox"/> Job Walk <input type="checkbox"/> Drive Equip <input type="checkbox"/> Mandatory Safety Mtg <input type="checkbox"/> Random Drug Screen <input type="checkbox"/> Set Up <input type="checkbox"/> Expiring Physical/ PFT <input type="checkbox"/> Light Duty <input type="checkbox"/> Driving Passengers	Start: _____ Stop: _____	<b>No. of Hours:</b>
	<b>Detailed Description:</b> _____ <b>Charge Branch:</b> _____ _____ _____ _____		
<b>TRAINING- NTT</b>	<input type="checkbox"/> Training (in-house/ shop) <input type="checkbox"/> Orientations/ Classes <input type="checkbox"/> Other _____	Start: _____ Stop: _____	<b>No. of Hours:</b>
	<b>Detailed Description:</b> _____ <b>Charge Branch:</b> _____ _____ _____		
<b>TRAVEL- NTT</b>	<input type="checkbox"/> Passenger Travel (T/A or Other Branch) <input type="checkbox"/> Flight <input type="checkbox"/> Driving Vehicle w/ No Equip	Start: _____ Stop: _____	<b>No. of Hours:</b>
	<b>Detailed Description:</b> _____ <b>Charge Branch:</b> _____ _____ _____		

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date