

# TIME LOG WEEKLY ANALYSIS

NAME: \_\_\_\_\_

WEEK OF: \_\_\_\_\_

| SUMMARY OF ACTIVITIES |            | IMPACT CATEGORY      |                             |                             |                                    | TYPE OF ACTIVITY  |          |         |          |       | IF A LEADER |           |          |
|-----------------------|------------|----------------------|-----------------------------|-----------------------------|------------------------------------|-------------------|----------|---------|----------|-------|-------------|-----------|----------|
|                       | TOTAL TIME | Urgent/<br>important | Not<br>urgent/<br>important | Urgent/<br>not<br>important | Not<br>urgent/<br>not<br>important | Goal/<br>priority | New item | Routine | Meetings | Other | Delegate    | Eliminate | Continue |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
|                       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |
| TOTAL TIME USED       |            |                      |                             |                             |                                    |                   |          |         |          |       |             |           |          |

After reviewing my weekly time log, what am I doing well? What do I need to change?

Action steps:



# TIME LOG DAILY RECORD

NAME: \_\_\_\_\_

DAY: \_\_\_\_\_

WEEK OF: \_\_\_\_\_

| ACTIVITY | TIME SPENT |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      | Total Hours | Plan to do now? Y/N |  |  |  |
|----------|------------|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------------|---------------------|--|--|--|
|          | 5am        | 6am | 7am | 8am | 9am | 10am | 11am | 12am | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |
|          |            |     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |             |                     |  |  |  |

