WEEKLY ITINERARY

Evaluator _____ Supervisor _____ Month _____

Revision Date _____ Expected Return to Office: Date _____ Time _____

INSTRUCTIONS: *Prepare itinerary prior to field visits. Provide copy to clerk, show time planned for entire week. Give revised final copy to supervisor when planning next week.*

PURPOSE CODES:

A	=	Annual	L	=	Licensing Evaluation	P	=	Prelicensingl
POC	=	Plan of Correction	PL	=	Post Licensing	CM	=	Case Management
M	=	Meeting	SA	=	Semi Annual	T	=	Training
V	=	Vacation						

C	=	Complaint	SL	=	Sick Leave			

DATE	ESTIMATED TIME OF ARRIVAL	PURPOSE CODE	FACILITY NAME/CATEGORY OR AGENCY/INDIVIDUAL CONTACTED	TELEPHONE Area Code/Number	CITY	COMPLETED (Check One) Yes	No	REASON NOT COMPLETED/COMMENTS
MONDAY	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
TUESDAY	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
WEDNESDAY	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
THURSDAY	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
FRIDAY	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				
	AM PM			( )				