WORK SAMPLING RECORD

For use of this form, see AR 570-5; the proponent agency is DCSPER.

1. DATE STARTED	2. DATE COMPLETED

SECTION 1 - DAILY RECORD

3. WORK CENTER TITLE/CODE	4. COMMAND/INSTALLATION

5. **SUMMARY**

SAM-PLING DAY *(a)*	DAY OF MONTH *(b)*	MANHOURS SAMPLED *(c)*	TOTAL NUMBER SAMPLES *(d)*	NUMBER OF PRODUCTIVE SAMPLES *(e)*	PRODUCTIVITY *(f)*	AVERAGE LEVELING FACTOR *(g)*
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
14						
15						
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17						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
6. TOTAL						
7. AVERAGE						