**Davidian Seventh-day Adventist Association**

Bashan Hill

20412 Farm Road 1025



Effective Jan. 1, 2021

Field Work Accountability

1. Hours Spent Teaching
2. Hours Spent on Visitation / Sick Elderly including traveling time to and from to the place where you live
3. Zoom / Facebook /

WhatsApp etc.

1. Total Hours Spent in Personal Time of the message, meditation and Bible study, which includes time preparing studies to be given. Do not add your own personal prayer time.
2. Hours of Non-Association personal for profit (earnings) work done by you

\*Include the hours that you worked, at the end of each field activity; and total hours for each day.

\*Sabbath hours are not paid/field work time. It is included on this page as an informative note.

Exeter, MO 65647-7185

 USA

 **Worker’s Weekly Activities**

Name: Address:

Phone Number: E-Mail Address:

Date: January 15-20 2023

 Month Days Year

|  |
| --- |
| SUN |
| MON |
| TUE |
| WED |
| THU |
| FRI |
| SAT |

**Davidian Seventh-day Adventist Association**

Bashan Hill

20412 Farm Road 1025

Exeter Missouri 65647-7185

USA

**Planned Activities For The Upcoming Week (Next Week)**

Name: Address:

Phone Number: E-Mail Address:

Week Starting (Month) (Day) (Year)

Week Ending (Month) (Day) (Year)

|  |
| --- |
| SUN |
| MON |
| TUE |
| WED |
| THU |
| FRI |
| SAT |

\*Sabbath hours do not count as paid/field work time. It is included on this page as an informative note.

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Exeter Missouri 65647-7185

USA

**Worker’s Monthly Activities**

For the Month of:

 Name: 2022

Address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE | NUMBER OF HOURS IN THE FIELD | NUMBER OF CONTACTS MADE | NUMBER OF PRIVATE STUDIES | NUMBER OF PUBLIC STUDIES | NUMBER OF NEWLY INTERSTED PERSONS | PIECES OF LITERATURE GIVEN AWAY |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |

OPERATING EXPENSE COVERING REPORT $ (**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE**)

1. List below the name and address of each newly interested person during the period covered by this report.

 **NAME ADDRESS**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

1. List below the name and address of each new convert for whom you were responsible during the period covered by this report.

 **NAME ADDRESS**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

 3. Itemize below your expense covering this report.

RENT $

BOARD AND LODGING $

CLOTHING $

POSTAGE $

TELEPHONE $

CAR REPAIRS $

GAS AND OIL $

Transportation:

From to $

From to $

From to $

From to $

From to $

  **TOTAL EXPENSE $**

**IMPORTANT**

In the best interest of the Association, it is necessary that workers abide by the following requirements.

1. Promptly inform the office of any change of address. 3. Send in all covering receipts for operating expense
2. Mail (or e-mail) your reports on the date assigned by the Association

**SUPPLIES REQUIRED**:

1TG Tracks Bashan Publications:

2TG Charts Other

\*Reminder: Your Worker’s Monthly Activities page is to be turned in weekly, and at the end of each month.

**Interest of Contacts**

This form is to be used to report newly interested people and to send an update if / when their status changes. Otherwise, it is not to be used to repeat the same regular names of students who are studying each week. Effective, immediately, use the space under NAMES to answer the following questions. \*See the example

1. How long has the person been studied with? 2a. Do they know it’s the Rod or not? Yes, or No

 2b. They do know, but have not made up their minds; or 2c. They know and they accept; or 2d. They have rejected but still listen.

Fieldworker’s Name: Work Week: January 15-20, 2023

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ADDRESS | DOB | GENDER | TEL | SPIRITUAL CONDITION | WHO IS THE PERSON WHO REFERRED THIS CONTACT? | BASHAN DSDAA TITHE PAYING MEMBER | BASHANDSDAA NONE TITHE PAYING MEMBER | SDA MEMBER | WHICH SPLIT-OFF GROUP DOES THIS PERSON BELONG TO? | PICTUREIF POSSIBLE |
| \*Example:John Doe1. 1 yr.2a. Yes 2b. He knows; mind is not made up; 2c. He knows and accepts or 2d. He knows and rejected but still listens |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

When you need another page for this document, please copy and paste the entire 1st page so that the headings are included on each sheet.

Fieldworkers Weekly Time Sheet

Davidian Seventh-day Adventist Association

Name: Pay Period: November 20-25, 2022

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date  / /  | Mornings  | Afternoons  | Hrs.  |
| Time In  | Time Out  | Time In  | Time Out  |
| Sun |   |   |   |   |   |
| Mon |   |   |   |   |   |
| Tue |   |   |   |   |   |
| Wed |   |   |   |   |   |
| Thurs |   |   |   |   |   |
| Fri |   |   |   |   |   |
|   |
|  Employee’s Signature: Total Hours:  Supervisor’s Signature:   |

Note: Workers’ Time Sheets are required by law. The Association requests that every worker documents his/her time on the personal time sheet provided. This sheet confirms a weekly record, of his/her time, that reflects the hours for the week before, and must be turned in to the Supervisor each Sunday by noon.

Not to exceed 40 hours.