

**WORK MEASUREMENT PLAN AND SCHEDULE**

COST ACCOUNTING CODE  a	ORGANIZATION OR FUNCTION  b	AUTHORIZED PERSONNEL  c	TYPE OF STANDARD  d	POTENTIAL COVERAGE  e	CUMULATIVE COVERAGE BY QUARTER										
					FY _____				FY _____						
					f	g	h	i	j	k	l	m	n		
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1. NAME AND TITLE ( <i>Typed</i> )					2. SIGNATURE								3. DATE PREPARED		

**METHOD OF APPROACH AND ASSIGNMENT OF ANALYSIS**

AREAS	PLANNED COVERAGE	METHOD OF APPROACH							
		ENGINEERED				NON-ENGINEERED		MANHOUR AND STAFFING PATTERN	
		STANDARD TIME DATA	PRE- DETERMINED TIME DATA	TIME STUDY	WORK SAMPLING	TECHNICAL ESTIMATE	STATISTICAL		
o	p	q	r	s	t	u	v	w	