

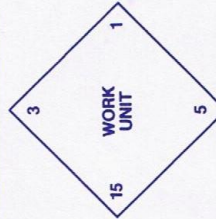
ACTION CHART

Name _____

Week of _____

Top 10 Priorities

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Totals

- Letters _____
- Approaches _____
- Interviews _____
- Sales _____
- Referred Leads _____
- Service Calls _____

(NOTE: Weekly totals should be transferred to Annual Action Planner.)