

Volunteer Member Name: _____

School: _____

Address: _____ "X" if new contact info: _____

City: _____ Zip: _____ Phone: _____

Status: Unpaid _____ 6 hours _____ Team leader (Euclid Only) _____

Please complete the following for the Site Coordinator/Team Leader to review.

- **When entering time, always round to the nearest 1/4 hour.** *Example: If you volunteered from 8:20 to 10:20, you would enter your time at 8:15am to 10:15 am.*
- **ONLY sign your time sheet** on the **LAST** day you volunteer each month
- **Mark NO SCHOOL** for any days' school is closed.
- If you are absent on a day you are regularly scheduled to volunteer, mark the reason you were absent (i.e. ILL, vacation, etc.).
- **Absences** (including snow days; sick days; school closures) cannot be counted toward your service hours or stipend.
- You may spend up to 30 minutes per day, for **prep time**. This time will be included under tutoring time

January 2018 Timesheet

Date	Time In	Time Out	Total Tutoring Time	Training/ Meeting time	Indirect service time (duties related to Team Leader position)
<i>SAMPLE</i>	<i>8:30</i>	<i>10:30</i>	<i>To be completed by staff</i>	<i>2.0</i>	<i>0</i>
Monday 1/01/2018		No School – New Year's			
Tuesday 1/02/2018		No School – New Year's			
Wednesday 1/03/2018					
Thursday 1/04/2018					
		(EC staff only) Total Weekly hrs			

Monday 1/08/2018					
Tuesday 1/09/2018					
Wednesday 1/10/2018					
Thursday, 1/11/2018					
		(EC staff only) Total Weekly hrs			

Continue on back

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January 2018 Timesheet

Date	Time In	Time Out	Total Tutoring Time	Training/ Meeting time	Indirect service time (duties related to Team Leader position)
<i>SAMPLE</i>	8:30	10:30	<i>To be completed by staff</i>	2.0	0
Monday 1/15/2018		No School			
Tuesday 1/16/2018					
Wednesday 1/17/2018					
Thursday 1/18/2018					
		(EC staff only) Total Weekly hrs			
Monday 1/22/2018					
Tuesday 1/23/2018					
Wednesday 1/24/2018					
Thursday 1/25/2018					
		(EC staff only) Total Weekly hrs			
Monday 1/29/2018					
Tuesday 1/30/2018					
Wednesday, 1/31/2018					
		(EC staff only) Total Weekly hrs			

Volunteer Member Signature _____ Date: _____

Site Coordinator Signature _____ Date: _____

To be completed by staff:

____ DOJ
 ____ RSVP
 ____ SDP

Monthly
Tutoring
 Hours:

Monthly
Training
 Hours:

Monthly Indirect
 Service Hours:

____ Staff Initials verifying information is accurate

Total Monthly
 Service Hours:

For Office Use Only:

Total monthly hours of direct (tutoring) service: _____

Total monthly hours of training & indirect service: _____

____ NVP/FIS ____ VSys