

Volunteer Member's 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 a.m. to 10:20 a.m., you would enter your time at 8:15 a.m. to 10:15 a.m.*
- **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

November 2017 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>
Wednesday, 11/01/2017					
Thursday, 11/02/2017					
		(EC staff only) Total Weekly hrs			

Monday, 11/06/2017					
Tuesday, 11/07/2017					
Wednesday, 11/08/2017					
Thursday, 11/09/2017					
		(EC staff only) Total Weekly hrs			

Continue on back

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<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, 11/13/2017					
Tuesday, 11/14/2017					
Wednesday, 11/15/2017					
Thursday, 11/16/2017					
		(EC staff only) Total Weekly hrs			
Monday, 11/20/2017					
Tuesday, 11/21/2017					
	Thanksgiving Holiday – NO SCHOOL				
		(EC staff only) Total Weekly hrs			
Monday, 11/27/2017					
Tuesday, 11/28/2017					
Wednesday, 11/29/2017					
Thursday, 11/30/2017					
		(EC staff only) Total Weekly hrs			

Volunteer Member Signature: _____ Date: _____

Site Coordinator Signature: _____ Date: _____

<u>To be completed by staff:</u> _____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 __V Sys

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