

## Volunteer Timesheet

Name of Volunteer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Month / Year: \_\_\_\_\_ Approximate Grade Level of Work: \_\_\_\_\_

Enter the actual (or estimated) number of hours volunteered next to the corresponding date.  
 If no hours were volunteered, enter a "0" or leave blank.

Date	Hours	Date	Hours	Date	Hours
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			

TOTAL HOURS FOR THE MONTH: \_\_\_\_\_

## SIGNATURES

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS / ADDITIONAL INFORMATION:**

  
  
  

**Note:** Information from this timesheet will be used for the Volunteers Annual Report, form FS-1800-24  
**Burden Statement**

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