

THE EARTH TEAM
Natural Resources Conservation Service Volunteer Program
TIME AND ATTENDANCE

A. Volunteer Name:	B. Location:
C. E-Mail Address:	
D. Pay Period:	E. Supervisor Name:
D. 1. Month:	D. 2. Year:

F. Calendar

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

G. Total Number of Hours: _____

OMB Disclosure Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0024. The time required to complete this information collection is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.