

## Volunteer Timesheet

Name of Volunteer/Group: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Month / Year: \_\_\_\_\_ Department/Resource Area: \_\_\_\_\_

Enter the actual clock hours and total hours volunteered next to the corresponding date.  
 If no hours were volunteered, enter a "0" or leave blank.

Date	Hours	Total	Date	Hours	Total	Date	Hours	Total
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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