

**AD-2025**  
(04-28-04)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm and Foreign Agriculture Service

**VOLUNTEER ATTENDANCE RECORD**

(Attendance Records must be maintained by the requesting office)

***NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 U.S.C. 2272 (Sec. 1526) Food and Agriculture Act of 1981. The information will be used to inform volunteers of the nature of appointment with respect to service credit for leave or other employee benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in your application not being processed to participate in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

*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 0560-0232. The time required to complete this information collection is estimated to average 15 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 of information. **RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.***

1. NAME OF VOLUNTEER (Please type or print last, first and middle name):	2. Social Security No.	3. Month	4. Fiscal Year
--	------------------------	----------	----------------

A. DATE (MM-DD-YYYY)	B. ARRIVAL TIME	C. DEPARTURE TIME	D. NUMBER OF HOURS	E. LOCATION

**F. Total Hours →**

5A. Volunteer Signature	5B. Date Signed (MM-DD-YYYY)
-------------------------	------------------------------

AD-2025 (Page 2 of 2) (04-28-04)

**6. To be completed by responsible Agency official:**

6A. Responsible official signature	6B. Date Signed (MM-DD-YYYY)
6C. Name of requesting office	6D. Check Applicable Agency: <input type="checkbox"/> FSA <input type="checkbox"/> FAS <input type="checkbox"/> RMA