



Project LEAD Timesheet

Name:

Department:

Telephone #:

Agency (where volunteering was completed):

Agency contact's name:

Agency's Telephone #:

Date	Time in	Time out	Total Hours Worked	Agency Supervisor's Signature

TOTAL HOURS FOR MONTH _____

EMPLOYEES!

Please use this timesheet to verify the volunteer hours that you work. This should be provided to your County Supervisor for signature with your bi-weekly payroll time sheet. The original or copy should accompany your payroll time sheet; a copy of the fully-completed time sheet is to be faxed to VolunteerLEON at 606-1971 immediately following the end of the month. Thanks!