**AmeriCorps\*VISTA Monthly Timesheet**

|  |  |  |
| --- | --- | --- |
| **VISTA Name** | **Signature** | **Date** |
|  |  |  |
| **Site Supervisor** | **Signature** | **Date** |
| **Month:** | **Host Site:** |  |

Please turn in your timesheet with your supervisor’s signature by the **10th of the month**.

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| --- | --- | --- | --- | --- |
| **Date** | **Hours Served**  8-12pm, 1-5pm **or** Personal Day, Sick Day, Holiday | **Service Activities**  Use this section to track your daily tasks. | | **Hours**  i.e. 8 |
| 1 |  |  | |  |
| 2 |  |  | |  |
| 3 |  |  | |  |
| 4 |  |  | |  |
| 5 |  |  | |  |
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| 24 |  |  | |  |
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| 26 |  |  | |  |
| 27 |  |  | |  |
| 28 |  |  | |  |
| 29 |  |  | |  |
| 30 |  |  | |  |
| 31 |  |  | |  |
|  | | | **TOTAL HOURS:** |  |