

CITY OF RIVERSIDE MUNICIPAL VOLUNTEER PROGRAM

VOLUNTEER TIME SHEET

VOLUNTEER: Fill in the time sheet each day you volunteer. Submit it to your supervisor on the last working day of the month.

SUPERVISOR: At the end of the month, send this or a copy of the completed form to the Human Resources Department.

Volunteer's Name: _____ Month: _____ Year: _____

Dept: _____ Div: _____ Center/Branch: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS		DATE	TIME IN	TIME OUT	TOTAL HOURS
1					16			
2					17			
3					18			
4					19			
5					20			
6					21			
7					22			
8					23			
9					24			
10					25			
11					26			
12					27			
13					28			
14					29			
15					30			
					31			
Total month hours								

EVALUATION: VERY GOOD SATISFACTORY UNSATISFACTORY

Volunteer signature: _____ Date: _____

Supervisor signature: _____ Date: _____