

MEMBER NAME:							Member YTD Hours:			
SERVICE SITE:							<i>Due the 15th and end of each month Checks will be mailed at 2pm that day.</i>			

WEEK _____	Date	Time IN	Time OUT	Time IN	Time OUT	Service Total	Member Development Hours	Fund Raising Hours	Total Weekly Hours	Description: (Service, Training, Event)
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									
Weekly Meeting: Yes ___ or No ___						Service Total	MD Total	FR Total	Week Total	*S.C. INITIALS

WEEK _____	Date	Time IN	Time OUT	Time IN	Time OUT	Service Total	Member Development Hours	Fund Raising Hours	Total Weekly Hours	Description: (Service, Training, Event)
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									
Weekly Meeting: Yes ___ or No ___						Service Total	MD Total	FR Total	Week Total	*S.C. INITIALS

WEEK _____ (If Needed)	Date	Time IN	Time OUT	Time IN	Time OUT	Service Total	Member Development Hours	Fund Raising Hours	Total Weekly Hours	Description: (Service, Training, Event)
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									
Weekly Meeting: Yes ___ or No ___						Service Total	MD Total	FR Total	Week Total	Month Total:

SITE COORDINATOR SIGNATURE: <small>(I certify that all site service hours listed were served by the member)</small>										DATE
MEMBER SIGNATURE: <small>(I certify that only actual service hours are listed on this timesheet .)</small>										DATE
*AC STAFF SIGNATURE: <small>(I certify that all training, fund raising and community service event hours listed were served by the member.)</small>										DATE