

MDSC/AmeriCorps*VISTA
Bi-Weekly Time Sheet



A*VISTA Member Name: _____ DSU#: 900 - _____

A*VISTA Project Site: _____ Service Dates: _____

CODES	<ol style="list-style-type: none"> 1. Activities directly related to the site's MDSC/A*VISTA. 2. Member Development (meetings and trainings with the project supervisor and all A*VISTA training.) 3. Volunteer Recruitment (recruiting volunteers to serve with the assigned VISTA project.) 4. Project Site Holiday 5. Personal/Sick Leave 6. Civic Responsibilities (Jury Duty, Military Assignment including Military Reserve)
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Date	Day	Time In	Time Out	Code(s)	Activity Summary	Training Hours	Service Hours	Total Hours
	Sat.							
	Sun.							
	Mon.							
	Tues.							
	Wed.							
	Thurs							
	Fri.							
Week 1 Total								
	Sat.							
	Sun.							
	Mon.							
	Tues.							

	Wed.								
	Thurs								
	Fri.								
Week 2 Total									
							Subtotal Training	Subtotal Service	
Hours for Project Site Activities for Week 1 (Total Hours for Week 1 on the Front Page)									
							Total Training Hours	Total Service Hours	Total Hours
Total Hours									

APPROPRIATE SERVICE HOURS

Under Corporation policy, AmeriCorps*VISTA members must provide a demonstrable benefit that is valued by the community. **PROJECT ACTIVITIES MUST BE IN ACCORDANCE TO THE PROJECT WORK PLAN OF THE AGENCY IN WHICH THE MDSC/A*VISTA MEMBER IS SERVING.** In all cases, service activities must result in a specific identifiable service or improvement that otherwise would not be provided with existing funds or volunteers, and that does not duplicate the routine functions of workers or displace paid employees. **IF YOU ARE NOT SURE WHETHER AN ACTIVITY YOU ARE PLANNING IS AN APPROPRIATE PROJECT ACTIVITY, ASK YOUR MDSC PROGRAM ASSOCIATE *BEFORE* YOU ENGAGE IN THE ACTIVITY. INAPPROPRIATE SERVICE HOURS WILL NOT BE COUNTED TOWARD THE COMPLETION OF YOUR TERM OF SERVICE WITH THE MDSC/A*VISTA PROGRAM.**

I certify that the times and activities indicated above are appropriate service hours, accurate and correct, and that none of the activities claimed as service and/or training hours are prohibited by AmeriCorps*VISTA policy.

MDSC/A*VISTA Member Signature: X _____ Date: _____

Site Supervisor Signature: X _____ Date: _____

REMINDERS

1. Make sure that you have signed the timesheet along with your project supervisor.
2. Make a copy of the timesheet for your records.
3. Mail the original timesheet and sign-in sheet by the Wednesday AFTER you have received your bi-weekly stipend to the following address:
 ATTN: Linda N. Stringfellow * AmeriCorps*VISTA
 DSU Box 3134 * Cleveland, MS 38733

TO BE COMPLETED BY VISTA STAFF ONLY

MDSC/A*VISTA Project Coordinator's Signature: _____ Date: _____

MDSC/A*VISTA Project Director's Signature: _____ Date: _____