

If this form is not completed properly, a check will not be issued

Date	Time Served		Total Hours	Meals	Number of Miles
	IN	OUT			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
		Totals:			

Foster Grandparent Program
of Cleveland County

Record of Volunteer's Time

Period Ending: _____, 200_

CHECKS WILL NOT BE ISSUED UNLESS THIS FORM IS SIGNED BY ALL PARTIES BELOW:

1. _____
Signature of Foster Grandparent
(This is a true and accurate statement of expenses incurred by me in the service of the Foster Grandparent Program)

2. _____
Signature of Station Supervisor

3. _____
Signature of Foster Grandparent Director

Date: _____

DO NOT WRITE BELOW THIS LINE

(Stamp)

STIPEND: _____

TRAVEL: _____

CHECK TOTAL: _____

In-Kind Meals: _____

In-Kind Travel: _____

In-Kind Physical: _____

The person signing this from is a representative of the volunteer station and the funds used for In-Kind donations are not from federal sources

	Vacation Time	Sick Time
Balance Forward		
Earned Hours		
Total hours Available		
Taken		
Ending Balance		

Date/ Month Day	Time Worked		Sub Total	Lunch	Sick or Personal	Total No. Hrs
	IN	OUT				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
		Totals:				

Foster Grandparent Program of Cleveland County

Employee Record of Time

Period Ending: _____, 200__

Employee's Signature

(This is a true and accurate statement of time incurred by
me in the employ of the Foster Grandparent Program)

**Signature of Authorized Sponsor
Representative or FGP Director**

Date _____

	Vacation Time	Sick Time	Com. Time
Balance Forward			
Earned Hours			
Total Hours Available			
Taken			
Ending Balance			

Time Sheets should be turned on the
15th and 30th of the month.



Foster Grandparent Program
of Cleveland County

Employee Record of Time

Period Ending: _____, 200__

This sheet verifies pay made to the Vice President of Finance for United Way of Cleveland County. 3% of this employee's income will be paid by the Foster Grandparent Program for the maintenance of forms and certain financial records including the preparation and filing of 941 and the issuance of all program checks

Employee's Signature

**Signature of Authorized Sponsor
Representative or FGP Director**

Time Sheets should be turned on the last working day of each month.

