## **APPALACHIA CARES / AMERICORPS**

(Clinch-Powell RC&D Council)
TIMESHEET
2017-2018

Scan & Email to: stephani@clinchpowell.net Or Mail to: PO Box 396 Rutledge, TN 37861

DATE

				Rulleuge, 114 57 601										
MEMBER NAME (PRINT)  SERVICE LOCATION						PERIOD COVERED								
						MEMBER SIGNATURE							DATE	
SITE SUPER	RVISOR NAME (	SITE SUPERVISOR SIGNATURE / CERTIFICATION DATE  I certify the member served the required hours at the site for this pay period. I certify the member served the recorded hours listed below during this pay period.												
Date	Time IN	Time OUT For Lunch	Time IN From Lunch	Time OUT	Act. 1	Hours	Act. 2	Hours	Act. 3	Hours	Act. 4	Hours	TOTAL	
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NOTE	:: Service hours	s are not given f	or lunch, holida	vs and perso	nal/sick	eave. bu	It thev st	ill must	be acco	ounted f	or on th	e times	heet.	
Activity E – Ener H – Hous C – Capa F – Fund	y Codes: rgy Efficiency sing Services acity Building draising	- S		SE SE	RVICE H	OURS B	ROUGHT HIS PERI	FORW						
T – Training / Education L – Personal / Sick Leave X – Holiday / Site Closed N – Not Scheduled					For Appalachia CARES use only:									

PROGRAM REPRESENTATIVE APPROVAL