MONTH & YEAR

Site: _____ Partner: _____

Volunteer Staff Hourly Report

Staff Member	Total Hours	Program Hours Worked	Staff Meeting Hours
Total Partner Hours this month			

These two columns must equal "Total Hours" column

Facilitator's
Signature: _____   Date: _____

Attached are _____ Staff Sign In & Out Sheets

**If you have more than 10 staff members in the month use additional forms as needed.