

# City of Monterey/Volunteer Time Sheet

Volunteer Name:	Month/year:
Volunteer Position:	Department:
Volunteer Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours
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					

**Thank You!**

Volunteers:  
Please return this form to your Supervisor at the end of each month

Supervisors:  
Please forward completed form to Volunteer Services

**Grand Total:**

**Volunteer Program**  
 City of Monterey  
 735 Pacific Street, Suite B  
 Monterey, CA 93940  
 Tel: 831-646-3719  
 Fax: 831-646-3793