## City of Florence Quarterly Volunteer Time Card

Volunteer Name:	Department:
Supervisor:	Job Location:

Upon completion of this form, provide a copy to your department supervisor, who will then provide a copy to the (Payroll/HR/Finance) department.

## Month/Year:

Hours for the			lon Tues			We	Veds Thurs			Fri		Sat		Total	
Week of:	In	Out	In	Out	ln	Out	In	Out	ln	Out	In	Out	In	Out	Hours for Week
										Т	otal l	lours	for M	onth	

## Month/Year:

Hours for the	Sun Mon Tues			Weds Thurs			Fri		Sat		Total				
Week of:	In	Out	In	Out	ln	Out	In	Out	ln	Out	In	Out	In	Out	Hours for Week
										T	otal l	lours	for M	onth	

	M	on	th	/Υ ε	ar:
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Hours for the			on	n Tues		Weds		Thurs		Fri		Sat		Total	
Week of:	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	Hours for Week
										T	otal F	lours	for M	onth	

Notes:	
Signature	date
Date Received by Supervisor:	
Date Received by Human Resources:	