

# 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 Week of:	Sun		Mon		Tues		Weds		Thurs		Fri		Sat		Total Hours for Week
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
<b>Total Hours for Month</b>															

**Month/Year:**

Hours for the Week of:	Sun		Mon		Tues		Weds		Thurs		Fri		Sat		Total Hours for Week
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
<b>Total Hours for Month</b>															

**Month/Year:**

Hours for the Week of:	Sun		Mon		Tues		Weds		Thurs		Fri		Sat		Total Hours for Week
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
<b>Total Hours for Month</b>															

**Notes:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

Date Received by Supervisor: \_\_\_\_\_

Date Received by Human Resources: \_\_\_\_\_