

Foster Grandparent Program

of Cleveland County

Please turn in time sheets no later than

In order to receive your stipend direct deposit

Period from _____ 2013o _____ 2013

Date	Time Served		Total Hours	Meals	Number of Miles	STIPEND: _____ TRAVEL: _____ CHECK TOTAL: _____ In-Kind Meals: _____ In-Kind Travel: _____ In-Kind Physical: _____ <i>The person signing this from is a representative of the volunteer station and the funds used for In-Kind donations are not from federal sources</i>																		
	IN	OUT																						
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Tues.																								
Wed.																								
Thurs.																								
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		Totals				DO NOT WRITE BELOW THIS LINE																		
						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Vacation Time</th> <th style="width: 20%;">Sick Time</th> </tr> </thead> <tbody> <tr><td>Balance Forward</td><td></td><td></td></tr> <tr><td>Earned Hours</td><td></td><td></td></tr> <tr><td>Total hours Available</td><td></td><td></td></tr> <tr><td>Taken</td><td></td><td></td></tr> <tr><td>Ending Balance</td><td></td><td></td></tr> </tbody> </table>		Vacation Time	Sick Time	Balance Forward			Earned Hours			Total hours Available			Taken			Ending Balance		
	Vacation Time	Sick Time																						
Balance Forward																								
Earned Hours																								
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Signatures

Volunteer: _____

Station Supervisor: _____

FGP Director: _____