C.O.R.E. Susquehanna AmeriCorps

Partner Staff Inkind

Time Tracking Form
2009-2010

Instructions: *Each site staff person who spends time supervising AmeriCorps members must fill out one of these forms every month.* Please be specific regarding Activity descriptions. Instead of "Meeting", enter something like "Met with AmeriCorps members to plan tutoring sessions." Indicate that the activity was relevant to AmeriCorps program.

Partner Site		**Month**	**Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug**
Staff Person			
Position/Title		**Received:** _____ _____	
Member(s) Supervised			

Date	Activity	Super.	Admin.	Train.

A	**Total monthly hours**			
B	**Staff person hourly rate**	**x**_____	**x**_____	**x**_____
C	**TOTAL inkind contribution for this staff member.**	**$**	**$**	**$**

Staff Person		**Date:**
Site Administrator		**Date:**

Signatures

713 Bridge St, Susite 10 Selinsgrove, PA 17870 570-374-8938 (FAX) 570-374-6144 www.coresusquehanna.org