C.O.R.E. Susquehanna AmeriCorps

Partner Staff Inkind

Time Tracking Form

2011 - 2012

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