St. Joseph County Public Library
Volunteer Time Sheet

Name _____ Month/Year _____

Branch or Department _____

Date:	Time In	Time Out	Time In	Time Out	Total Hours

Please total hours _____

Note: We keep hours in quarters of an hour. Example: 1.0 1.25 1.50 1.75

Volunteer's Signature_____

Staff Contact's Signature _____

Date _____

PLEASE RETURN THIS COMPLETED TIME SLIP TO THE HUMAN RESOURCE OFFICE
BY THE 5th OF THE FOLLOWING MONTH