

**APPALACHIA CARES / AMERICORPS**  
 (Clinch-Powell RC&D Council)  
**TIMESHEET**  
**2018-2019**

Scan & Email to:  
[stephani@clinchpowell.net](mailto:stephani@clinchpowell.net)  
 Or Mail to:  
 PO Box 396  
 Rutledge, TN 37861

MEMBER NAME (PRINT) \_\_\_\_\_

PERIOD COVERED \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SITE SUPERVISOR NAME (PRINT) \_\_\_\_\_

SITE SUPERVISOR SIGNATURE / CERTIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

*I certify the member served the required hours at the site for this pay period.  
 I certify the member served the recorded hours listed below during this pay period.*

Date	Time IN	Time OUT For Lunch		Time IN From Lunch	Time OUT	Act. 1	Hours	Act. 2	Hours	Act. 3	Hours	Act. 4	Hours	TOTAL

**NOTE:** Service hours are not given for lunch, holidays and personal/sick leave, but they still must be accounted for on the timesheet.

**Activity Codes:**

- E – Energy Efficiency Direct Service
- H – Housing Services Direct Service
- C – Capacity Building
- F – Fundraising
- T – Training / Education
- L – Personal / Sick Leave
- X – Site Closed / Holiday
- N – Not Scheduled

SERVICE HOURS BROUGHT FORWARD \_\_\_\_\_  
 SERVICE HOURS THIS PERIOD \_\_\_\_\_  
 TOTAL SERVICE HOURS \_\_\_\_\_

*For Appalachia CARES use only:*

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PROGRAM REPRESENTATIVE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_