

RefugeeRISE AmeriCorps Timesheet

Name _____ **Hourly Rate** _____
Host Site _____ **Member** _____
Month _____ **Supervision** _____
Total in-kind _____ **0**

Day	AmeriCorps Member Supervision	Other Supervision		
1				
2				
3				
4				
5				
6				
4				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total _____
 Hours _____ **0**

I hereby certify that...

The information provided on this site supervision in-kind match document is accurate to the best of my knowledge
None of the AmeriCorps supervision hours accounted for on this document/timesheet are paid for by another federal grant.

 AmeriCorps Site Supervisor Signature

Date

 Site Supervisor's Director's Signature

Date