



**MDSC/AmeriCorps*VISTA
 Bi-Weekly Time Sheet**

A*VISTA Member Name: _____ **SS#:** XXX-XX- _____

A*VISTA Project Site: _____ **Month/Year:** _____

CODES	1. Activities directly related to the site's A*VISTA Project.
	2. Member Development (meetings and trainings with the project supervisor and all A*VISTA training.)
	3. Volunteer Recruitment (recruiting volunteers from local agencies, organizations, and the community to serve with the assigned VISTA project.)
	4. Project Site Holiday
	5. Personal/Sick Leave

Date	Day	Time In	Time Out	Code(s)	Activity Summary	Training Hours	Service Hours	Total Hours
	Mon.							
	Tues.							
	Wed.							
	Thurs							
	Fri.							
	Sat.							
	Sun.							
Week 1 Total								
	Mon.							
	Tues.							
	Wed.							
	Thurs							

	Fri.							
	Sat.							
	Sun.							
Week 2 Total								
						Subtotal Training	Subtotal Service	
Total Hours for Project Site Activities (Weeks 1 – 4)								
						Total Training Hours	Total Service Hours	Total Hours
Total Hours								

APPROPRIATE SERVICE HOURS

Under Corporation policy, AmeriCorps*VISTA members must provide a demonstrable benefit that is valued by the community. **PROJECT ACTIVITIES MUST BE IN ACCORDANCE TO THE PROJECT WORK PLAN OF THE AGENCY IN WHICH THE MDSC/A*VISTA MEMBER IS SERVING.** In all cases, service activities must result in a specific identifiable service or improvement that otherwise would not be provided with existing funds or volunteers, and that does not duplicate the routine functions of workers or displace paid employees. **IF YOU ARE NOT SURE WHETHER AN ACTIVITY YOU ARE PLANNING IS AN APPROPRIATE PROJECT ACTIVITY, ASK YOUR MDSC PROGRAM ASSOCIATE *BEFORE* YOU ENGAGE IN THE ACTIVITY. INAPPROPRIATE SERVICE HOURS WILL NOT BE COUNTED TOWARD THE COMPLETION OF YOUR TERM OF SERVICE WITH THE MDSC/A*VISTA PROGRAM.**

I certify that the times and activities indicated above are appropriate service hours, accurate and correct, and that none of the activities claimed as service and/or training hours are prohibited by AmeriCorps*VISTA policy.

MDSC/A*VISTA Member Signature: _____ Date: _____

Project Supervisor Signature: _____ Date: _____

REMINDERS

1. Make sure that you have signed the timesheet along with your project supervisor.
2. Make a copy of the timesheet for your records.
3. Mail the original timesheet by the Wednesday **AFTER** you have received your bi-weekly stipend to the following address:
 ATTN: Carlisla Johnson * MDSC/AmeriCorps*VISTA
 P.O. Box 3134 * Cleveland, MS 38733

TO BE COMPLETED BY VISTA STAFF ONLY

MDSC/A*VISTA Program Associate Signature: _____ Date: _____

MDSC/A*VISTA Program Associate Signature: _____ Date: _____

MDSC/A*VISTA Project Director Signature: _____ Date: _____