



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

A\*VISTA Member Name: \_\_\_\_\_ DSU#: \_\_\_\_\_

A\*VISTA Project Site: \_\_\_\_\_ Month/Year: \_\_\_\_\_

- |              |   |
|--------------|---|
| <b>CODES</b> | <ol style="list-style-type: none"> <li>1. Activities directly related to the site's MDSC/A*VISTA.</li> <li>2. Member Development (meetings and trainings with the project supervisor and all A*VISTA training.)</li> <li>3. Volunteer Recruitment (recruiting volunteers from local agencies, organizations, and the community to serve with the assigned VISTA project.)</li> <li>4. Project Site Holiday</li> <li>5. Personal/Sick Leave</li> </ol> |
|--------------|---|

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

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

**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: \_\_\_\_\_

Site 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: Linda Stringfellow\* AmeriCorps\*VISTA  
 DSU Box 3134 \* Cleveland, MS 38733

**TO BE COMPLETED BY VISTA STAFF ONLY**

MDSC/A\*VISTA Program Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MDSC/A\*VISTA Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_