

FOSTER GRANDPARENT PROGRAM TIME SHEET

Name: _____ School Name: _____
 Volunteer #: _____ Station #: _____

Month _____



	School Stipend Hours \$4.00	Training Hours \$4.00	Holiday Hours \$4.00	Leave Time \$4.00	Important Dates and Communication	Free School Lunch	Home Meal \$2.25 day	Mileage \$0.50 mile
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TOTALS								

Bus Pass

For Office Use Only

Stipend Hours _____

Training Hours _____

Holiday Hours _____

Leave Time _____

Admin Leave _____

Total Hours _____

In-Kind Meals _____

Meal Reimbursement _____

Mileage _____

Bus Pass Amount _____

Other _____

Total Amount \$

I certify this form accurately reflects my service as a Foster Grandparent in accordance with the policies and procedures.

Foster Grandparent _____ Date _____

Station Representative _____ Date _____

FGP Director _____ Date _____

* Round hours to the nearest half hour each day

* Round miles to the nearest whole number