Skagit Fisheries Enhancement Group

VOLUNTEER TIME SHEET

THIS FORM IS NECESSARY FOR LABOR AND INDUSTRIES INSURANCE

Please complete this form and submit monthly

Month	Year

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

TOTAL HOURS _____

Volunteer Name (printed)	*Phone Number*
Volunteer Signature	*Date*

Please return to:
Email: sfeg@skagitfisheries.org
Fax: 360-336-0701
Mail: SFEG
PO Box 2497
Mount Vernon, WA 98273

Supervisor Signature_____

For SFEG use Only:
Date Entered_____ by _____
Job Code _____ Hrs _____ Job Code _____ Hrs _____