STUDENT ACTIVITY FUND MANUAL TIME SHEET

Name of Student Intern:

Participating Agency:

Supervisor's Name:

Supervisor's Signature:

Student Intern's Signature:

(A maximum of 7 hours per day will be paid)

DATE	Number of Hours at Agency	Meal Break 1/2 hour =.5	Total Hours Volunteered	DATE	Number of Hours at Agency	Meal Break 1/2 hour =.5	Total Hours Volunteered
TOTAL HOURS TO BE PAID							

Manually input hours volunteered for each date at agency.
Total and sign and have Supervisor sign
Scan and email to SAFdirector@LIACUU.ORG
or take a CLEAR - READABLE picture and text to 631-748-5013