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 if applicable	Total Hours Volunteered	DATE	Number of Hours at Agency	Meal Break 1/2 hour =.5 if applicable	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