

CORPORATE VOLUNTEER TRACKING

Impact & Engagement Log

Fiscal Year: _____

Department: _____

Lead Coordinator: _____

Community Partner: _____

DATE	EMPLOYEE NAME	ACTIVITY/SERVICE DESCRIPTION	HOURS	TYPE (VTO/PRO- BONO)	SUPERVISOR INITIALS
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DATE	EMPLOYEE NAME	ACTIVITY/SERVICE DESCRIPTION	HOURS	TYPE (VTO/PRO- BONO)	SUPERVISOR INITIALS
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Monthly Totals:

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