

VOLUNTEER LOG

Corporate Social Responsibility Tracking

Fiscal Year: 2024

Employee Name:
Department:
Employee ID:
Manager:

DATE	ORGANIZATION / CHARITY	ACTIVITY DESCRIPTION	HOURS	INITIALS
------	------------------------	----------------------	-------	----------

DATE

ORGANIZATION / CHARITY

ACTIVITY DESCRIPTION

HOURS

INITIALS

Total Volunteer Hours

Employee Signature

Supervisor Approval

Date Submitted