

VOLUNTEER HOURS LOG

Employee Contribution Tracking

Year: 20____

Employee Name: _____

Department: _____

Employee ID: _____

Manager: _____

DATE	ORGANIZATION / EVENT	ACTIVITY DESCRIPTION	HOURS	SUPERVISOR SIG.
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DATE	ORGANIZATION / EVENT	ACTIVITY DESCRIPTION	HOURS	SUPERVISOR SIG.
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Total Volunteer Hours:

Employee Signature: _____

Date Submitted: _____