Orlando M.E.R.I.T.S. Employee Volunteer Program
Community Volunteer Time Sheet

Name_____ **Employee #** _____ **Date** _____

Department _____ **Office/Bureau** _____

Phone Extension _____ **Supervisor/Bureau Chief** _____

Volunteer hours will NOT be credited for this program if performed during scheduled working hours, unless vacation or personal time is used, or it is a school program. Please DO NOT include city "Team Events" on this form.

Community Organization	Type of Services Performed	Date of Service	Agency Representative & Phone #	# of Hours
			TOTAL	

Employee Signature_____ **Date** _____

Volunteer Program Coordinator Signature _____ **Date**_____

Return within two weeks of the end of each quarter. Send completed form to: **Traci Blue, Office of Neighborhood & Community Affairs (For more information, call 407-246-2082 or e-mail traci.blue@cityoforlando.net)**

The Volunteer Committee reserves the right to verify reported hours submitted by volunteers.