


CAL STATE SAN BERNARDINO
University Enterprises Corporation

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397

VOLUNTEER / INTERN TIME RECORD

VOLUNTEER/ INTERN NAME (Please Print)

POSITION:

SUPERVISOR'S NAME (Please Print)

Note to Volunteer: Please fill in the number of hours you volunteered each day in the monthly calendar below. Please sign and turn into your supervisor at the end of your appointment, or at the end of each month, which ever is earlier.

MONTH, YEAR: Jun-11

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Total Hours for this Month:

Note to Supervisor: Please sign, and fill in project name and account number. Return this form to the University Enterprises Corporation Payroll Office by the first of each month.

Volunteer Signature/ Date

Supervisor's Signature/ Date

PROJECT NAME:

ACCOUNT NUMBER:

WORK COMPJOB CLASSIFICATION CODE OF VOLUNTEER / INTERN POSITION: