SHASTA COUNTY HEAD START CHILD DEVELOPMENT, INC.

PROFESSIONAL VOLUNTEER SHEET

THIS FORM IS FOR PROFESSIONAL VOLUNTEERS (ADAPTIVE PE, SPEECH, IEP)

DATE	DONOR'S SIGNATURE	SERVICE PROVIDED	TIME IN	TIME OUT	TOTAL HOURS	ROUND-TRIP MILEAGE
				TOTAL		

_____ Site/Classroom

_____ MO/YR

_____ STAFF MEMBER CERTIFYING HOURS & MILEAGE

_____ DATE

****NOTE**: Round time to nearest 1/4 Hour.

1/4 Hour or 15 Minutes = .25
2 Hour or 30 Minutes = .50
3/4 Hour or 45 Minutes = .75

Total must be whole number or end with .25, .50, or .75

~ FISCAL USE ONLY~

_____Hours x $_____ = _____
_____Miles x $ _____ = _____