



Community Rewards Time Card

Name _____ Month _____
Email _____ Phone _____
Organization _____

| Date | IN | OUT | Hours | Activities | Supervisor Initials |
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| TOTAL HOURS | | | | | |

Supervisors: Please review total hours and initial if correct.

REMINDER! Time cards must be submitted to **your registered nonprofit organization(s) before the 1st of the month!**

For First Federal Use Only:
Date received _____ Time received _____
Reviewed _____ Approved _____

