First Federal
MEMBER FDIC

Community Rewards Time Card

Name _____ Month _____
Email _____ Phone _____
Organization _____

Date	IN	OUT	Hours	Activities	Supervisor Initials
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 _____

EQUAL HOUSING LENDER