

## TCAC AmeriCorps Community Cares Weekly Timesheet

*Please remember, if you serve more than 6 hours a day you are required to take 30 minutes for lunch*

**TCAC – PO Box 485, Morristown, TN 37815 Fax # (423) 587-0783**

**AmeriCorps member signature:**

**Week you are reporting for**

**Week: \_\_\_\_\_, 200\_\_**

**Name of your assigned site & location:**

**Site Supervisor Signature:**



*I will get things done for America!*

Date	Time In	Time Out	Minus Lunch	Total Hours
Sat ____/____/____				
Sun ____/____/____				
Mon ____/____/____				
Tue ____/____/____				
Wed ____/____/____				
Thurs ____/____/____				
Fri ____/____/____				
<b>Total Fundraising Hours</b>				
<b>Total Service Hours</b>				
<b>Total Hours</b>				