



BREC Volunteer Time Sheet (Year at a Glance)

Name _____
 Department _____
 Job Title _____
 Supervisor _____

Year _____
 Total Hours Worked _____
 Date Assigned (if new) _____
 Date Terminated (if this period) _____

Dates and Hours Worked

January		May		September	
Date	Hours	Date	Hours	Date	Hours
February		June		October	
Date	Hours	Date	Hours	Date	Hours
March		July		November	
Date	Hours	Date	Hours	Date	Hours
April		August		December	
Date	Hours	Date	Hours	Date	Hours

Volunteer Signature _____
 Supervisor Signature _____

Date _____
 Date _____

Thank you for your generous commitment of time and talent to BREC.