



Project SHINE TIMESHEET

MONTH

Please bring timesheet with you and sign-in for each session.
Please turn in timesheet to your site coordinator at the **end of every month**. -THANK YOU

Please print all information below.

FIRST NAME	LAST NAME	SITE COORDINATOR
SITE NAME		

Date	Time In	Time Out	Hours	Activity
/	:	:		
Comments:				
/	:	:		
Comments:				
/	:	:		
Comments:				
/	:	:		
Comments:				
/	:	:		
Comments:				
/	:	:		
Comments:				
/	:	:		
Comments:				
Total Hrs.				

If applicable: Please list all of the names of learners or conversation partners that you work with: _____
