

# FOSTER GRANDPARENT PROGRAM TIME SHEET

Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Volunteer #: \_\_\_\_\_ Station #: \_\_\_\_\_

Date \_\_\_\_\_



**AmeriCorps  
Seniors**

**FOSTER GRANDPARENTS**

	School Stipend Hours \$3.00	Training Hours \$3.00	Holiday Hours \$3.00	Leave Time \$3.00	Important Dates and Communication	Free School Lunch	Home Meal \$1.75 day	Mileage \$0.43 mile
M								
T						Bus Pass		
W								
Th								
F								
M								
T								
W								
Th								
F								
M								
T								
W								
Th								
F								
M								
T								
W								
Th								
F								
M								
T								
W								
Th								
F								
TOTALS								

## For Office Use Only

Stipend Hours \_\_\_\_\_

Training Hours \_\_\_\_\_

Holiday Hours \_\_\_\_\_

Leave Time \_\_\_\_\_

Admin Leave \_\_\_\_\_

**Total Hours** \_\_\_\_\_

In-Kind Meals \_\_\_\_\_

Meal Reimbursement \_\_\_\_\_

Mileage \_\_\_\_\_

Bus Pass Amount \_\_\_\_\_

Other \_\_\_\_\_

**Total Amount \$** \_\_\_\_\_

I certify this form accurately reflects my service  
as a Foster Grandparent in accordance with the  
policies and procedures.

Foster Grandparent \_\_\_\_\_ Date \_\_\_\_\_

Station Representative \_\_\_\_\_ Date \_\_\_\_\_

FGP Director \_\_\_\_\_ Date \_\_\_\_\_

\* Round hours to the nearest quarter hour each day

\* Round miles to the nearest whole number