

Keystone SMILES AmeriCorps After Hours Form

**This form should be used to verify, through a supervisor signature, any hours served outside a member's regular, daily schedule. All hours, including these, should be recorded on his/her weekly timesheet.

Member Name:			
Monday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Tuesday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Wednesday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Thursday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Friday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Saturday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		
Sunday			
Date:		Shift:	
Description & Location of Service			
Supervisor Name, Title, and Phone #			
Supervisor Signature	Date:		