Appendix Form H

RETIREE SUBSTITUTE VOLUNTEER PROGRAM - MONTHLY LOG

Month of _				_, 2	0	-			
Volunteer	Name:								
Volunteer	Address: _								_
	-								_
Date	Time In	Time Out	Total Hours	Γ	Date	Time In	Time Out	Total Hou	re
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I attest tha	t the abov	e informat	ion is accurat	te.					
Signature	of Volunte	er:							_
Signature	of Building	Principal:							