

VISTA MEMBER NAME: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

Week		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday	Exceptions*
Week 1 _____ to _____	Activity: (e.g.) - Committee meeting - Mentor model research - Grant writing In: 8:00AM Out: 4:00PM Total hrs: 8 hrs							P: M: E:
Week 2 _____ to _____	Activity:							P: M: E:
	Time in: Time out: Total hrs:							
Week 3 _____ to _____	Activity:							P: M: E:
	Time in: Time out: Total hrs:							
Week 4 _____ to _____	Activity:							P: M: E:
	Time in: Time out: Total hrs:							
Week 5 _____ to _____	Activity:							P: M: E:
	Time in: Time out: Total hrs:							

\*Specify number of leave days: P = Personal M = Medical E = Emergency Total Personal Leave \_\_\_\_\_ Total Medical Leave \_\_\_\_\_

By signing, the MTCC VISTA member and MTCC VISTA site supervisor certify that the MTCC VISTA member served full-time for the specified month.

MTCC VISTA SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_