

**VOLUNTEER TIME SHEET**

**ATTACHMENT E**

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798. et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate medical attention and notification to chosen party or parties. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Coordinator.

NAME	SOCIAL SECURITY NUMBER	
DIVISION	OFFICE	MONTH/YEAR

✧ Indicate in appropriate box the number of hours worked each day.

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

NUMBER OF HOURS WORKED THIS MONTH	TOTAL NUMBER OF HOURS WORKED TO DATE
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COMMENTS:

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VOLUNTEER SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

**Retain a copy for the Volunteer's file and send the original to the Volunteer Program Administrator**