Last Name

mm/dd/yyyy

Street Address/City/Zip Code (required only for first time volunteer or address change)

Select to indicate whether 1st or 2nd				1st period			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Grand Total
pay period			2nd period			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
CLASSIFIC	FUND	DEPT ID	PRO	JECT	PROGRAM	CLASS							•										
VOL																							
VOL																							
VOL																							
VOL																							
TOTAL DAILY HOURS																							

Pay Period End:

No longer a volunteer as of

Pay Period Start:

mm/dd/yyyy							
VOLUNTEER CERTIFICATION	FOUNDATION USE ONLY	Description of Work Performed/Comments (required)					
These hours are volunteered freely and willingly by me, without any expectation or anticipation of any form of remuneration, compensation, or future employment. I certify that the hours recorded above are accurate and represent all hours actually volunteered by me during							
the time period noted above.	I certify that the work was performed under my supervision.	I certify that the information stated above is correct and I approve the cost to the project(s) indicated.					
Volunteers's Signature (Required) Date	Supervisor's Signature (optional) Date	Project Director's or Authorized Admin's Name (print)					
		Project Director's or Authorized Admin's Signature (required) Date					

CALIFORINIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION

VOLUNTEER TIME RECORD FORM

(MAY NOT BE USED FOR RESEARCH FOUNDATION OR UNIVERSITY EMPLOYEES)

All volunteer time records must be in the Research Foundation office by 5:00 PM on the last day of the payroll period. Print, sign and email completed form.

mm/dd/yyyy

MI

First Name

mm/dd/yyyy

Telephone Number

Date of Birth:

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION VOLUNTEER TIME RECORD INSTRUCTIONS

Period Start and End - Use the semi-monthly period start and end dates as published in the Research Foundation Payroll Schedule. Volunteer Time Records are submitted on the same due dates as the employee Timecard form.

Date of Birth and Address - The volunteer's date of birth and address are needed only on the initial time record. Changes of address should be noted as they occur. Otherwise leave blank.

Project Number - Fill in the 10-digit project number to be charged the workers compensation expense associated with this volunteer's time.

Hours - Indicate on the appropriate dates the hours of volunteer work performed.

Description of Work - A description of the volunteer's activities is required.

Signatures - Have the volunteer sign the time record. No other person should sign for the volunteer. The project director or another individual who is authorized to sign for expenses to the project must sign certifying the volunteer's time record. The supervisor signature is for use at the work site and is not required to charge the workers' compensation expense.

Questions regarding this form may be directed to the Human Resources Department at 562-985-7950.