

COLORADO ORGANIZATION FOR VICTIM ASSISTANCE (COVA)
VICTIM SERVICES INTERN PROGRAM (VSIP)
OFFICE 303-861-1160
FAX 303-861-1265
E-MAIL: COVAVSI@AOL.COM

INTERN: _____ **AGENCY:** _____

*****THIS TIME SHEET IS DUE ON THE 11TH OF THE MONTH*****

MONTH: _____

Date:	W/whom did you work:	Total hours:	Description of duties performed:
26			
27			
28			
29			
30			(VOCA report is due!)
31			(VOCA report is due!)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total hours worked this pay period: _____

Notes: ** your VOCA Report is due on the last day of the month - thank you.**

Intern Signature: _____ **Date:** _____

Agency Supervisor: _____ **Date:** _____

***** COVA office use only: *****

Date received by Ami C. Gerstner - COVA VSIP Coordinator _____

comments: _____