



Colorado Organization for Victim Assistance (COVA)  
 Victim Services Intern Program (VSIP)  
 Office 303-861-1160  
 FAX 303-861-1265  
 Email: Ami@ColoradoCrimeVictims.org

INTERN: \_\_\_\_\_ HOST AGENCY: \_\_\_\_\_

**\*\*\* THIS TIME SHEET IS DUE ON THE 26TH OF THE MONTH \*\*\***

Month: \_\_\_\_\_

Date:	W/whom did you work:	Total hours:	Description of duties performed:
11th			
12th			
13th			
14th			
15th			
16th			
17th			
18th			
19th			
20th			
21st			
22nd			
23rd			
24th			
25th			

Total hours worked this pay period: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

- I want to pick up my check.
- I authorize \_\_\_\_\_ to pick up my check.
- Please mail my check. (If you do not select a box, your check will automatically be mailed to you.)

Intern Signature: \_\_\_\_\_

Agency Supervisor Signature: \_\_\_\_\_

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Date received by COVA VSIP Coordinator: \_\_\_\_\_

Comments: \_\_\_\_\_