

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 26TH OF THE MONTH*****

MONTH: _____

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

Total hours worked this pay period: _____

Notes:

Intern Signature: _____ **Date:** _____

Agency Supervisor: _____ **Date:** _____

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

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

comments: _____