



**Lubbock Regional MHMR Center  
Volunteer/Practicum/Internship Monthly Timesheet**

Name: \_\_\_\_\_

Type of Volunteer:  
(Check one)

Work Site: \_\_\_\_\_ RU#: \_\_\_\_\_

Community

Supervisor: \_\_\_\_\_

Practicum Student

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

Employee

Total # of Hours Volunteered this Month: \_\_\_\_\_

Contract

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

Please complete this time sheet and return it to Brandi Ivey at 904 Avenue O or fax to 806-766-0250 by the ***3rd of the month.***

**Thank you for your services to our consumers**

\_\_\_\_\_  
Signature of the Volunteer

\_\_\_\_\_  
Supervisor's Signature