WA OIC SHIBA

Volunteer Activity Time Sheet

Statewide Health Insurance Benefits Advisors *Help*Line ▪ State of Washington ▪ Office of the Insurance Commissioner

Instructions: Use this form for recording all activities. Use one form for each calendar month. Use one line for each day, even if multiple activities. When recording hours, use 15 minute increments (15 minutes = .25, 30 minutes = .5, 45 minutes = .75), so 4½ hours worked = 4.5 hours.

1. Volunteer Information

SHIBA ID Number:	*OR*	First Name:	Last Name:

2. Activity Log for: _____ Month _____ Year

Date	Total Hours	Activity/Comments
		(Continued on reverse)

When this report is complete, submit it to your coordinator/supervisor.

2. Activity Log for: _____ (Month) _____ (Year)

Date	Total Hours	Activity/Comments

When this report is complete, submit it to your coordinator/supervisor.