



RECORD OF SERVICE
Northern New England Campus Compact
AmeriCorps*VISTA Collaboration

A*VISTA: _____

Site: _____

Weeks of: _____

Please indicate below with a check mark the dates which you served during these two weeks.

	Date	Served
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

	Date	Served
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total personal days used during this pay period: _____

Total medical days used during this pay period: _____

AmeriCorps*VISTA Signature: _____ **Date:** _____

Site Supervisor Signature: _____ **Date:** _____

Campus Compact Signature: _____ **Date:** _____

FAX to your state Campus Compact Office Bi-West on each Monday of the following the end of a Pay period.

Retain Originals for site records

Date Received at CCNH: _____

