



Monthly Time Recording Sheet for NEIGHBOURHOOD LEADERSHIP

Month: _____

Neighbourhood	ACE Specific Area (if applicable)	Organization

Neighbourhood Connector(s)	Hours for the Month	Notes (if needed)
Total Hours for Month:	A	<i>*Note: this is a paid position</i>

Support Team	Hours for the Month	Support Role Description
Total Hours for Month:	B	

Block Connectors (# of)	Total Hours for Month	Notes (if needed)
	C	

Total of ALL HOURS for the Month: A + B + C

Total of VOLUNTEER HOURS for the Month: B + C