

**SCOTT COUNTY EXTENSION MASTER GARDENER
SERVICE HOURS RECORD
(SERVICE HOURS FOR APPROVED PROJECTS ONLY)**



IOWA STATE UNIVERSITY
University Extension
Scott County

Please report only one quarter on each sheet. (Circle the quarter you are reporting) Please add your hours.

Quarter 1 (Jan.-Mar.) Quarter 2 (April-June) Quarter 3 (July-Sept.) Quarter 4 (Oct.-Dec.)

NAME _____

DATE _____

Committee:				
Date	Location	Project or Activity	Hours Served	
Total Hours Served On Project				

Committee:				
Date	Location	Project or Activity	Hours Served	
Total Hours Served On Project				

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Total Hours Served On Project				

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Date	Location	Project or Activity	Hours Served	
Total Hours Served On Project				

Round all hours to the nearest quarter hour and record the hours in column 4 and the qtr. hours in column 5 in decimal form (.25, .50 etc).

If you are a project chairperson or if you taught a class or did a presentation for a group, please include the approximate number of people helped or attending in the activity column. Hours are recorded on a quarterly basis and submitted to Iowa State University. Please submit your hours by the end of the month of each quarter (March, June, September, December).

Total Hours For the Quarter _____