

## Sweat Equity Tracking Sheet



Name: _____	<i>Office use only</i>
Address: _____	Date Received: _____
Home Phone: _____	Received by: _____
Cell Phone: _____	Recorded on: _____
Work Phone: _____	Recorded by: _____
Email: _____	Notes: _____

Have you changed jobs? \_\_\_\_\_

Have you changed addresses? \_\_\_\_\_

Month	Day	Worker's Name	Description & location of work completed	Supervisor's Signature	Time in	Time out	Daily total	Cumulative Hours

How was your experience this month? \_\_\_\_\_

What went well? \_\_\_\_\_

What could have gone better? \_\_\_\_\_

Special Notes \_\_\_\_\_

**Tracking sheets must be submitted on the 1st of every month.** They may be faxed to (812)423-3362, scanned and emailed to [award@evansvillehabitat.org](mailto:award@evansvillehabitat.org) or brought to the office to be copied