RECORD OF COMMUNITY SERVICE HOURS

Student Name:	**Supervisor Name:**

Work Location:

Type of Work Performed:

Date Work Was Performed: _____

Time Started: _____ **Time Stopped:** _____

Total Hours Worked This Day: ☐

- Use a separate form for each day of work. If you work for two different people in one day, use two forms.
- Turn the form in at the Student Services office within seven days of performing the work. Be sure someone in the office marks the gray box at the bottom.

I certify that this report is a true and accurate representation of the community service performed by the student named.

_____ _____

Student Signature **Supervisor Signature**

_____ _____

Student printed name **Supervisor printed name**

Student Services Use Only: Date/Time Received: _____ Initials: _____