Service-Learning
Verification of Hours

Student Name:		HR Teacher:	
Name of Agency:			

Directions: Please complete the information each time service is performed. Upon completion of the project, the site supervisor must complete the bottom of the form.

Date	Hours Worked	Brief Description of Service	Signature of Site Supervisor

Total Hours: _____

Site Supervisor Signature: _____

Ending Date: _____

Comments: _____