

## Senior Timesheet- 10 Hour Service Project

***Use dark ink, print clearly and complete each and every section.***

**Complete one timesheet for every agency you serve.**

**Must be completed by the first Friday in May.**

**You are strongly encouraged to serve all 10 hours with the same agency. If this is impossible, you must clear your second agency with Mr. Westrup.**

**Your Graduating Year** \_\_\_\_\_

Student Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Name of Agency or Church where you served. : \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone Number : (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Hours Served	Date:	Description of Service:	Supervisor's Signature:
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

Total Hours: \_\_\_\_\_ (10 Hrs. required to complete the project)

Comments by supervisor: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**By our signatures, we hereby certify this time/activity sheet is a complete and accurate record.**

**Use back if necessary ↴**

Hours Served	Date:	Description of Service:	Supervisor's Signature:
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