MIDDLE YEARS PROGRAMME

Community Service Hours Log

Name: _____ Year of Graduation: _____

This section is to be filled in each time service is completed and verified by the Agency Supervisor

Date of Service	Start Time	End Time	Hours to be Entered**	Agency per Accepted Proposal	Signature & Title
TOTAL HOURS: (Student must add up the hours)				** Hours must be listed by whole or half hour increments	

Student Signature: _____ Date Submitted: _____

Date Received: Date Approved: Initials:

FAXED FORMS WILL NOT BE ACCEPTED