



SERVICE HOUR REPORT FORM

Student's Name: _____

Grade: _____

Project Category (circle one): CHURCH SCHOOL NON-PROFIT

Project Name: _____

Supervisor: _____

Address of Project: _____

Date of Project: _____

Time of Project: Begin Time - _____ am pm End Time - _____ am pm

Project Description: _____

Hours Earned: _____

Supervisor's Signature: _____

Supervisor's Phone Number: _____

Office Staff Only: Project Approved By: _____