Name: _____ **SERVICE LOG** Grade Level: _____

Date	Name and Address of SERVICE LOCATION	SUPERVISOR'S NAME	PHONE NUMBER	Description of SERVICE WORK	TOTAL HOURS

HAVE THE FORM BELOW SIGNED BY YOUR SUPERVISOR AT THE SERVICE AGENCY/LOCATION:

_____ completed _____ hours of service for this agency/location on this date_____.
Name of Student No. of hrs. Date

_____ _____
Signature of Person Certifying Hours **Phone Number**

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