

COMMUNITY SERVICE PROGRAM

STUDENT TIME CARD

STUDENT INFORMATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

First Name (As it appears on Transcript)

--	--	--	--

Grads Year

--	--	--	--	--	--

Student ID#

--	--	--

Phone

--	--	--

--	--	--	--

--

Address

City

--	--	--	--

Zip

Date	Time In	Time Out	Hours	Agency Name	Agency Phone #	Agency Signature

Total Hours (required):		Student Signature: (required)	
-------------------------	--	----------------------------------	--

Total Hours in words (required):	To calculate percentage of hours, round to nearest quarter hour: 15 minutes = 0.25 30 minutes = 0.5, 45 minutes = 0.75
----------------------------------	--

To Be Completed By School Site Coordinator

Hours approved/School Site Coordinator's Signature: