

Temple City High School Community Service-Learning Time Card

Counselor _____ Student ID# _____ Grade _____

Student's Name _____ Year of Graduation _____

NOTE: Service credit must be earned with a non-profit or not-for-profit organization. Evidence of non-profit status may be required.

The following information must be filled out by the supervisor in pen. Note: Corrections to any information will not be accepted (i.e. crossing-out, white-out)

Agency or Organization _____ Organization's Zip Code: _____

Supervisor's Name _____ Phone (_____) _____

Date	Nature of Service	Start Time	End Time	Number of Hours
Total Hours				

PLEASE SPELL OUT TOTAL HOURS EARNED (i.e. seven; twenty-two) _____

Supervisor's Signature _____ Date _____

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