

NAME _____ "2009--2010"

1. Complete all blank spaces for each Service Site. All information is mandatory.
2. Parent may not sign as site supervisor unless preapproved by Mr. Gallagher.
3. IF letter/certificate in lieu of a "supervisor signature, Staple to back of timesheet.

CHRISTIAN SERVICE HOURS TIMESHEET

Date(s) of Service: _____

Name of Service Site: _____

Description of Service: _____

Total Number of Hours Completed: _____

Service Site Supervisor: (Print Name) _____

Signature of Site Supervisor: _____

Site Supervisor Telephone #: _____

Date(s) of Service: _____

Name of Service Site: _____

Description of Service: _____

Total Number of Hours Completed: _____

Service Site Supervisor: (Print Name) _____

Signature of Site Supervisor: _____

Site Supervisor Telephone #: _____

Date(s) of Service: _____

Name of Service Site: _____

Description of Service: _____

Total Number of Hours Completed: _____

Service Site Supervisor: (Print Name) _____

Signature of Site Supervisor: _____

Site Supervisor Telephone #: _____