

**PARENT SIGNATURE:** 

## East Central P-TECH Service Hour log Sheet



## STUDENT INFORMATION

STUDENT NAME:			ECISD STUDENT ID NUMBER		
GRADE SCHOOL YEAR					
NAME OF ORGANIZATION W	/ITH WHICH OR			BEING PERFORMED:	
	PLE	ASE NOTE:			
<ol> <li>SUBMITTING THIS LOG SHEET DO APPLIED TO THE STUDENT VOLUI VERIFICATION.</li> <li>STUDENTS SHOULD MAKE A COF THEIR RECORDS.</li> <li>FILL OUT A DIFFERENT FORM FOR</li> </ol>	NTEER SERVICE PY OF THIS FOR	E PROGRAM. <i>I</i> M Before It	ALL VOLUNTEER	R HOURS ARE SUBJECT TO AND KEEP THAT COPY FOR	
	SUPERVISOR	INFORMA	TION		
SUPERVISOR NAME: EMAIL:					
DATE ACTIVITY OR TASK PERFORMED	TIME IN	TIME OUT	TOTAL HOURS Worked	SUPERVISOR SIGNATURE	
I CONFIRM THAT ALL IN	NFORMATION PRO	OVIDED ON THIS	S APPLICATION IS	ACCURATE AND TRUE.	