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:			
		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		