

## Community Service Time Log

The supervisor must sign below on the dates the student completes the hours and again at the bottom of this page when 60 hours have been completed.

\_\_\_\_\_  
Student Name                      School                      Student ID#

Organization Name: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Student Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Date | Hours | Supervisor Signature |
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| Date | Hours | Supervisor Signature |
|------|-------|----------------------|
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Total Hours: \_\_\_\_\_ Supervisor Signature & Date: \_\_\_\_\_

Please submit all forms (if multiple pages were needed) when the 60 hours have been completed and email to [Extendedstudies@washoeschools.net](mailto:Extendedstudies@washoeschools.net).