

STUDENT NAME: _____

Year of Graduation: _____

COMMUNITY SERVICE

Documentation of Hours

(To be completed by Supervisor)

DATE	SERVICE PROVIDED	NAME OF SUPERVISOR	SUPERVISOR'S INITIALS	SUPERVISOR'S PHONE NUMBER OR EMAIL ADDRESS	NUMBER OF HOURS
				TOTAL HOURS	

- Instructions**
1. Complete this form.
 2. Enter community service hours in Aspen (see high school website for step by step instructions).
 3. Submit completed form to Ms. Smith in the high school main office. Upon doing so your hours will be posted to your account.