RICHMOND HILL HIGH SCHOOL
COMMUNITY SERVICE LEARNING – TIME LOG

Student's Name: _____ Home phone: _____

Location of Community Service Activity: _____

On-Site Supervisor's Name: _____ Work phone: _____

Richmond Hill HS Supervising Teacher's Name: _____

LIST ACTUAL HOURS WORKED EACH DAY

WEEK OF:	MON.	TUES.	WED.	THURS.	FRI.	TOTAL HOURS	SUPERVISOR'S SIGNATURE

_____ Total Hours Completed

(40 Hours of Documented Community Service Required for One Elective Credit)