

ST. JOSEPH SCHOOL • SERVICE HOUR VERIFICATION FORM

TO BE COMPLETED BY STUDENT

STUDENT'S NAME GRADE LEVEL PHONE NUMBER DATE SUBMITTED

TO BE COMPLETED BY SUPERVISOR

SUPERVISOR'S NAME AGENCY/ WORKPLACE PHONE NUMBER

DATE HOURS WORKED SUPERVISOR SIGNATURE

DESCRIPTION OF STUDENT'S SERVICE: _____

BRIEF EVALUATION OF STUDENT'S SERVICE: _____

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