

COMMUNITY SERVICE HOURS

Covenant Academy
4652 Ayers Road Macon, GA 31210
478-471-0285 fax: 478-471-8884



This portion must be completed by the student.

STUDENT'S NAME: _____ GRADE: _____

Location of service: _____

Sponsor Agency: _____

Description of duties: _____

*Work log may be used for more than one service at the the same location.
Count actual working time only - not breaks, meals, travel.*

<u>Date</u>	<u>Begin - End Time</u>	<u>Total Hours of Credit</u>

This portion must be completed by the work supervisor.

Supervisor's Name: (please print) _____

Agency Name: _____

Contact Information: _____

*I understand I may be contacted by Covenant Academy.
I verify that the student named worked the hours shown above.*

DATE

SUPERVISOR'S SIGNATURE

Student Signature: _____

By signing this I verify that I have fully served the hours listed on this form.