



Woodbury Public Schools
Option II
Service Learning

HOUR VERIFICATION FORM

Student's Name: _____ Today's Date: _____

Please complete the information each time service is performed. When the project is completed, have the site supervisor complete the bottom section of this form.

Date	Hours Worked	Brief Description of Service	Supervisor Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours:	_____
Site Supervisor Signature:	_____
Completion Date:	_____
Comments:	_____