Community Service/ Paid Work Log and Reflection Form

Student Name: _____
ID Number: _____
Graduation Year: _____

These hours are (circle one): COMMUNITY SERVICE HOURS PAID WORK HOURS

Date (mm/dd/yy)	Activity Performed	Time In	Time Out	Total Hours	Supervisor's Signature

(Add additional log as needed) Total Hours _____

I verify that this Log is a true and accurate record of my volunteer service or paid work hours.

_____ _____
Student's Signature Date

_____ _____
Agency/Business Name & Contact Phone

_____ _____
Agency/Business Contact's Signature Date

Return Log, Pay Stub & Reflection to Krista krista.thompson@lwcharterschools.com Revised 11/18/22