

North Olmsted High School SITES Program

**Service Hour Verification**

(Due at the end of each week)

Student Name: \_\_\_\_\_

Please approximate the number of each of these categories of people you worked with this week:

\_\_\_\_\_ Children \_\_\_\_\_ Senior Citizens \_\_\_\_\_ Impoverished \_\_\_\_\_ Disabled/Special Education Students \_\_\_\_\_ Adults

Day	Date (m/d)	Time of Service	Total Number of Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Sat./Sun.			

Total Hours for the Week: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Service Agency: \_\_\_\_\_

North Olmsted High School SITES Program

**Service Hour Verification**

(Due at the end of each week)

Student Name: \_\_\_\_\_

Please approximate the number of each of these categories of people you worked with this week:

\_\_\_\_\_ Children \_\_\_\_\_ Senior Citizens \_\_\_\_\_ Impoverished \_\_\_\_\_ Disabled/Special Education Students \_\_\_\_\_ Adults

Day	Date (m/d)	Time of Service	Total Number of Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Sat./Sun.			

Total Hours for the Week: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Service Agency: \_\_\_\_\_