McComb High School

328 S. Todd St.
McComb, OH 45858
Ph: 419. 293. 3853 Fax: 419. 293. 3107

Students Name:_____ Graduation year _____

The purpose of this form is to record and verify the hours of service you completed to earn the Community Service Seal and/ or Graduation Honors service hours. It is your responsibility to record the date, and the hours worked, and have your work site supervisor or coordinator sign to verify your report. This form is to be returned to your School Counselor once hours have been completed.

Organization/ Company: _____ Date: _____

Name of Activity Supervisor: _____

Phone #:_____ Email :_____@_____.____

Activity and Description:

_____

_____

Date:	Time In	Time Out	Total Time Spent
Total Hours			

Supervisor Comments/Evaluation:

_____

_____

_____

I certify that all the above information is correct.

Student Signature: _____ Date: _____

Supervisor Signature:_____ Date: _____

Community Service Seal:
60 Hours