PROVIDENCE SERVICE PROGRAM
HOUR VERIFICATION SHEET

Student Name_____Grade Level_____

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	TOTAL HOURS EARNED	SUPERVISOR SIGNATURE (Cannot be a parent or relative)

Total Hours Performed:_____

_____Date_____
Student Signature

_____Date_____
Parent Signature

If you have any questions, please call
Leah Kelly at 945-2538, ext. 310 or Steve Beyl, ext. 397