

# Albion Central School District

## Hours Verification Form – Official Time Record

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															

**STUDENTS:** Mark the number of hours service for each day served. Upon completion, total your hours, have your supervisor sign and date this form to verify your hours, and return this and your evaluations (agency and self-evaluation) to the Guidance Office.

**TOTAL HOURS** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Telephone #** \_\_\_\_\_