

HAYFIELD SERVICE LEARNING

Time Verification Sheet

Student Name _____ Period: _____

Date(s) of Service	Description of Service	Total Time Earned	Supervisor(s) Signature
	What did you do? Who did you do it for? Details of what you did? With whom did you work?	_____ Hours _____ Minutes	Supervisor Signature: Supervisor name (printed): Phone #:
	What did you do? Who did you do it for? Details of what you did? With whom did you work?	_____ Hours _____ Minutes	Supervisor Signature: Supervisor name (printed): Phone #:

Total hours performed: _____

Student Signature _____

Date _____