

SCHOOL DISTRICT 88 COMMUNITY LEARNING HOURS TIME SHEET



Complete this section with the required information before filling out the time sheet. **(Please Print)**

**Personal Information**

\_\_\_\_\_

(First) (Middle) (Last)

School Roosevelt Middle School Homeroom \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Community Service Information**

Check One: ( ) Person ( ) Organization ( ) Other

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number( ) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date	Activity	Time In	Time Out	Total Hours	Supervisors Signature

Do not turn in your time sheets until you have completed 30 hours. Please make a copy for your records before turning the sheets into the office. All time sheets must be turned in by April 5, 2021.

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Name \_\_\_\_\_

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